DOCUMENT RESUME

ED 328 363 PS 019 432

AUTHOR Kagan, Sharon L.; And Others
TITLE Collaborations in Action: Reshaping Services for Young Children and Their Families.
INSTITUTION Yale Univ., New Haven, Conn. Bush Center in Child Development and Social Policy.
PUB DATE Sep 90
NOTE 240p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC10 Plus Postage.
DESCRIPTORS *Agency Cooperation; *Day Care; Early Childhood Education; Institutional Characteristics; National Surveys; Questionnaires; *Social Services; *Systems Development; Young Children
IDENTIFIERS *Child and Family Protective Services

ABSTRACT

A study was conducted to: (1) enrich the knowledge of collaboration among child and family services providers by identifying and describing effective early care and education collaborations; and (2) create an analytic framework for the study of critical issues affecting the ability of collaboration to improve the quality, comprehensiveness, and availability of services to children from birth to 8 years of age. Collaboration refers to systematic multilateral efforts that seek to improve services rendered by all collaborative parties. Chapter I sets the context of the study and identifies study goals. Chapter II delineates methods and limitations of the study. Chapter III discusses the sample of collaborations studied and their general characteristics. Chapter IV analyzes the ways in which the collaborations function. This chapter also covers the developmental process of the collaborations and the variables that mediate that process. These variables include goals, resources, power, and leadership. Chapter V delineates the outcomes of collaboration, particularly quality, access, comprehensiveness, equity, public information, advocacy, and cost-effectiveness. Chapter VI discusses the findings. Chapter VII discusses implications for practice, policy, and research. Chapter VIII profiles the 72 collaborations studied. Related materials are appended. (RH)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED328363

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

X Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

# COLLABORATIONS IN ACTION:

# RESHAPING SERVICES FOR YOUNG CHILDREN AND THEIR FAMILIES

Sharon L. Kagan, Ed.D.
Ann Marie Rivera
Faith Lamb Parker, Ph.D.

The Bush Center in Child Development and Social Policy
Yale University
September, 1990

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

S. L. Kagan

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 019432

BEST COPY AVAILABLE

TABLE OF CONTENTS


I. INTRODUCTION 1

Social Context for the Study 1
Goals and Background of the Study 5
Organization of the Report 8

II. STUDY METHODS AND LIMITATIONS 10

Collection of Nominations 10
Sample Selection 12
Instrument Development, Pilot, and Revisions 15
Data Collection and Analysis 16
Limitations 19

III. THE COLLABORATIONS STUDIED 21

Characteristics of Collaborations 21
General Characteristics of the Sample 23
Characteristics of State vs. Local Collaborations 24
Characteristics of Mandated vs. Voluntary Collaborations 26

IV. THE COLLABORATIVE PROCESS 29

Developmental Stages 29
Mediating Variables 32

V. OUTCOMES OF COLLABORATION 44

Defining Success 44
Quality 47
Comprehensiveness 54
Access 57
Equity 58
Information and Advocacy 62
Cost-Effectiveness 65

VI. DISCUSSION 69

Lessons About the Importance of Context 69
Lessons About the Conceptual Framework 74
Lessons About Collaborations' Characteristics and Outcomes 79
Lessons About the Accuracy of Common Assumptions 89

VII. CONCLUSION AND CONSIDERATIONS 95

Considerations for Practice 97
Considerations for Research 100
Considerations for Policy 103

VIII.DESCRIPTIONS OF INTERVIEWED COLLABORATIONS


Appendix A. WORKING HYPOTHESES

Appendix B. CONCEPTUAL FRAMEWORK

Appendix C. NOMINATION FORM

Appendix D. "T" AND DEVELOPMENTAL LINE

Appendix E. NOMINATIONS RECEIVED/NOMINATIONS SELECTED FOR STUDY

Appendix F. TELEPHONE INSTRUMENT

Appendix G. FINAL HYPOTHESES

Appendix H. DEVELOPMENTAL GRAPH

Appendix I. DATA ANALYSIS FORM

Appendix J. ANALYSIS CRITERIA

Appendix K. FREQUENCIES AND PERCENTAGES

Appendix L. STRUCTURES OF COLLABORATIONS

# CHAPTER I

# INTRODUCTION

Collaborations in Action is a study about reshaping America's services to young children and their families. It is a study about the emergence of one comparatively new social tool--collaboration--and about how it is being used to address old and persistent service problems--inequity, fragmentation, and poor quality. Collaborations in Action is also an expression of the energy and optimism that characterize this era's commitment to build better services for our nation's youngest citizens. Moreover, like all investigations, it aims, in the words of master builder Mies van der Rohe, to lead us from irresponsible opinion to truly objective judgment.

## SOCIAL CONTEXT FOR THE STUDY

There is little doubt that most American youngsters growing up in the 1990s will have very different life experiences than their counterparts of only a decade earlier (National Academy of Sciences, 1990). Chances are greater that their mothers will be working, that they will live at or near the poverty level, and that their family structure will not conform to Parsons' two-parent/two-child/mother-in-the-home model. Chances are greater that 1990s children and their families, irrespective of income, will be more reliant on non-familial institutions--child care, schools, and welfare.

Not ephemeral prognostications, these trends are already

clearly evidenced and have dramatically increased the need in all human service areas. Kamerman and Kahn (1990) have indicated, for example, a four-fold increase in the number of child abuse reports requiring investigation and follow-through by child welfare agencies in the decade from 1977 to 1987--this occurring during a decade of decreased financial support for child welfare services. Pressed by needs to improve the quality and distribution of services, to cope with budget reductions, to make services maximally cost-effective and family-responsive, and by the recognition that the complex needs of today's families often transcend rigid bureaucratic and policy structures, collaborations are emerging as one solution to today's human services challenges (Levy & Copple, 1989).

Not only recognized as today's buzzword in the nomenclature (Benard, 1989), collaborations are burgeoning in action throughout the nation. Nearly ubiquitous, collaborations know no geographic or disciplinary boundaries. Whether termed partnerships, linkages, councils, round tables, or cooperatives, their very existence as critical reform strategies acknowledges that America is at the brink of a practical renaissance, reshaping how it delivers human services.

Nowhere is the call for collaboration more resounding than in the field of early care and education. Arising from a long history of episodic and dysfunctional policies and fragmented services, tensions have plagued the field. Routinely, early care and education programs compete with one another for limited resources--staff, space, and children. Lack of coordination has

resulted in an uneven distribution of services, in which children who need and benefit from services most receive them least. Funding regulations that accompany federal dollars often result in the economic segregation of children and families. And inconsistent program regulations favor select providers over others.

Recently, however, increased attention to children's policy, coupled with a strong press to integrate children's services, is motivating a rethinking of delivery strategies (Gardner, 1990; Schorr, 1988). At the service level, child care and education, long perceived as different entities, are recognizing common ground. Abetted by pedagogical consensus surrounding correlates of quality, and the absence of data that support the primacy of one delivery system over another, Head Start, the schools, and profit and non-profit child care are recognizing the important contributions of each and the importance of collaboration to all. With support from parents and providers, agencies that render different services to young children and their families are forming councils and task forces to address complex social issues that transcend individual agency boundaries.

At the policy level, a renewed emphasis on fostering public/private sector partnerships and on stimulating more effective public sector service delivery has led to the inclusion of collaborative provisions in countless reports related to young children (Committee for Economic Development, 1987; Council of Chief State School Officers, 1989; National Conference of State Legislatures, 1989; National Governors' Association, 1987) and in

state and federal legislation, including the Family Support Act (1988), the Amendments to the Education for All Handicapped Children's Act (P.L. 99-457; 1986), and the pending Act for Better Child Care.

Such widespread interest in early care and education collaborations is matched only by widespread differences in attitude regarding their potential. Some see collaboration as a natural and inevitable response to an increasingly bureaucratic and technologically sophisticated service delivery system. Others see it as a vehicle for transforming the present ineffective patchwork of programs into a new system that is better planned and integrated, and more cost-efficient and effective. Its advocates suggest that effective collaboration can help stem a 41% turnover rate in child care, redress inconsistencies in regulations, create more equitable access to services for children and families, and reduce costs through joint planning and purchasing strategies. Others, however, likening collaboration to "dancing with an octopus" (Dunkle & Nash, 1989), are wary of the complex challenges inherent in its implementation.

Despite mounting practical appeal and scholarly debate, little empirical research investigates if, how, under what conditions, to what extent, and with what effects collaborations in early care and education work. Studies of embryonic collaborative efforts, such as those launched under the child care coordinating councils (4Cs) and Project Developmental Continuity, have been inconclusive, offering little help for

newly emerging collaborations. The absence of such codified knowledge is particularly unfortunate because robust information on collaboration exists in the psychological, economic, and political literatures.

Disappointing as this history is, it is not surprising. Collaborations in early care and education are difficult to study because there is little consensus regarding the scope and definition of collaboration. Moreover, because collaborations are extremely diverse and constantly evolving, they pose methodological challenges for normative analysis.

Nonetheless, the current ground swell of interest in young children generally, and in collaboration specifically, has created a timely and natural laboratory for investigation. Collaborations' variation provides a rich terrain in which to gain a fuller understanding of their effects. Further, the prevalence of so many varied collaborations provides an opportunity to explore the factors that inhibit or accelerate collaboration in different settings and to postulate preliminary implications for practice and policy.

## GOALS AND BACKGROUND OF THE STUDY

To that end, this six-month study was proposed with the dual goals of description and analysis. It strove to: 1) enrich the knowledge of collaboration by identifying and describing effective early care and education collaborations; and 2) create an analytic framework for study of critical issues that affect collaborations' ability to improve the quality,

comprehensiveness, and availability of services to children, birth to age eight.

Such a study could not be undertaken without serious attention to the literature, the generation of hypotheses, and the building of a consensual definition of collaboration.

Generating Hypotheses and a Conceptual Framework

Although the present study began in the fall of 1989, it built upon two prior analyses. To gather preliminary data on the range of early care and education collaborations, a study of three states was undertaken. Selected for their varying intensity of collaborative activity, the states provided a diverse range within which to make preliminary observations. Most importantly, the Study of Early Care and Education Collaborations in Three States (Kagan, Lonow, & Levin, 1989) yielded important insights that helped shape working hypotheses (Appendix A), later refined by this study. Simultaneously, a review of the literature on collaboration in many disciplines, including business and industry, was written. United We Stand (Kagan, 1990) couples information regarding the rationale and benefits of collaboration in many fields and traces the episodic evolution of collaboration in early care and education. This review of the literature was particularly helpful in refining a conceptual framework (Appendix B) for the study reported herein.

Defining Collaboration

Moreover, the study could not be launched until a definition

of collaboration was determined. For purposes of this study, collaborations are defined as multi-lateral efforts that unite organizations and people to achieve common goals that could not be accomplished by any single organization alone. Within this study, collaboration is used as a generic or "umbrella" term, encompassing the variety of entities that have been established to collaborate: councils, task forces, planning committees, interagency cabinets, etc.

Deceptively simple, defining collaboration is made extremely complex by ambiguities in practical usage and by scholarly disagreement about the term. In practice, "collaboration" is commonly interchanged with kindred terms, "cooperation" and "coordination," rendering them nearly indistinguishable in common parlance. By contrast, in the literature, the majority of scholars distinguish among cooperation, coordination, and collaboration, suggesting that they constitute a hierarchy or pyramid (Black and Kase, 1963; Hord, 1986; Morgan, 1985; Schwartz, et al, 1981).

Cooperation, at the base of the pyramid, is the least complex and is characterized by informal relationships that exist without any clearly defined structure. Participants retain their autonomy, resources are not pooled, power is not shared, and interactions are episodic. Coordination--at the middle level--is more complex and is characterized by the sharing or exchange of some resources by participants. Typically bilateral, coordination occurs between two groups that come together around a specific task or program. Collaboration--at the apex of the

pyramid--connotes a more durable and pervasive relationship than either cooperation or coordination. Collaborations bring previously separated organizations into a new structure that transcends individual or episodic interactions. Such relationships require a greater sharing of resources, joint and comprehensive planning, and the sharing of power and authority. Some scholars suggest that true collaboration requires equal sharing of power, authority, and resources among the collaboration's participants (Gamm, 1983).

This study accepts the hierarchical analysis established in the literature that places collaboration at the apex and thereby acknowledges that collaboration connotes a more complex and durable relationship than coordination. While "collaboration" is used as a generic label embracing structural entities using other names (e.g., councils, committees, task forces), the reader is asked to recall that collaboration refers to systematic multi-lateral, not bi-lateral, efforts that seek to improve services rendered by all collaborative parties that could not be achieved by one party alone.

## ORGANIZATION OF THE REPORT

Having set the context, identified the study goals, and defined collaboration, we turn to Chapter II, which delineates the methods and limitations of the study. Chapter III defines the sample of collaborations studied and presents their general characteristics. Using the conceptual framework, Chapter IV analyzes how the collaborations function, attending to their

developmental process and the variables--goals, resources, power and leadership, and flexibility--that mediate that process. Chapter V delineates the outcomes of collaboration, focusing on quality, comprehensiveness, access, equity, public information and advocacy, and cost-effectiveness. Chapter VI discusses the findings. Chapter VII delineates implications for practice, policy, and research. The report concludes with Chapter VIII, individual descriptions of the 72 collaborations studied.

## CHAPTER II

## STUDY METHOD AND LIMITATIONS

The study of collaborations that seek to improve services to young children and their families had several components: first, nominations of effective care and education collaborations were collected. Second, a sample of the nominated collaborations was selected for follow-up study. Third, a telephone survey instrument was created and piloted, and appropriate revisions were incorporated into the study. Finally, data were collected over a four-month period and analyzed. This chapter amplifies the study methodology, and notes design and measurement limitations.

### COLLECTION OF NOMINATIONS

To elicit nominations of effective collaborations, a nationwide search was initiated by systematically contacting over 200 key leaders in early childhood care and education: all Head Start Regional Directors; early childhood specialists in each state department of education; state administrators of welfare and human service agencies; and leaders in professional early childhood associations--NAEYC and NBCDI--at national, state, and local levels. Nominations from leaders of professional organizations particularly interested in collaboration--Mental Health Law Project, National Center for Clinical Infant Programs, the Frank Porter Graham Center, NASBE, CCSSO, APWA, Joining

Forces--were also solicited. Key informants were asked to nominate operational collaborations at state and local levels that were perceived to have had a positive impact on children's services and systems. These efforts yielded over 300 nominations.

Because the nominated collaborations were diverse in their activities, membership, and histories, several methods were developed for recording and coding the information collected. First, to detail basic information about each collaboration, the collaboration's leader, members, and activities were chronicled on a form color-coded according to the key informant's affiliation; e.g., a state department of education, Head Start, NAEYC, APWA, NBCDI, or miscellaneous (Appendix C). Second, to understand the number and nature of each collaboration's partners, a diagram was created, which may be visualized as a "T" in which early childhood services lie along the horizontal axis and various child and family support services lie along the vertical axis. Appropriate members of the collaboration were encircled on the "T", conveying at a glance the collaboration's participants and its complexity (Appendix D). Finally, to chronicle the collaboration's functional stage, the collaboration was plotted on a developmental line representing stages from incipient formation to termination (Appendix D). When an informant was not able to give all of the information described above, or when the accuracy of information was in doubt, nominated collaborations were contacted for additional details.

SAMPLE SELECTION

Using the above instruments, a categorization system for the nominations was developed which facilitated the selection of collaborations for the study. Because this is primarily a study of the outcomes of collaboration, each collaboration selected for more in-depth analysis needed to be in the implementation stage, having outcomes that could be documented and assessed. Thus, of the over 300 nominations received, 252 operational collaborations were selected as candidates for further study. (The remaining 48 were very new, or were just emerging, and therefore could not report concrete accomplishments.)

Seventy-four collaborations were selected from the 252 for participation in the telephone survey. To achieve a diverse set of collaborations, consideration was given to several factors, including the collaboration's complexity, or the number of collaborative partners involved. Thus, 37 collaborations were of high complexity (having six or more partners) and 37 of medium complexity (having three to five partners). None of low complexity (having only two partners) were chosen for the study, because it was assumed that these were likely to be coordinated entities, rather than actual collaborations. Further, it was assumed that these groups would be limited both in what they would be able to accomplish with only two partners and in what information they could yield regarding the intricacies and challenges of forming and maintaining collaborative relationships.

The 252 eligible nominations were also categorized by the focus of their activities, e.g., their missions. That is, it was determined that some collaborations provided direct services to young children and their families, which were called "service collaborations;" others addressed service delivery systems, which were called "system collaborations;" while still others encompassed both missions in their collaborative endeavors, which were called "system/service or dual-mission collaborations." To capture the range of collaborative missions, almost equal numbers of collaborations representing each of these three categories were chosen; however, due to attrition and substitution of other collaborations for study, the final sample did not represent the three categories equally.

The nominations were thus divided into six "cells," representing a cross-matrix of the three varieties of collaborative mission and the two levels of complexity. Appendix E delineates the breakdown of the nominations and the 74 collaborations selected for the sample. To assure diversity in the sample, other factors were assessed: population served, geographic location, and nominating source.

In terms of population served, the numbers of collaborations in the pool serving low-income children and "all" children (regardless of income level or special needs) were similar, with the number of collaborations serving solely special needs children about half of these two categories. In selecting the sample, we attempted to mirror this breakdown.

Attaining geographic diversity among the sample was considered crucial. The pool of nominations included collaborations in 47 states; however, great variation existed in the total number of collaborations nominated from each state, perhaps indicating that some states are more active in collaborative endeavors than others. Choices of collaborations for further study represented 34 states, in all regions of the country. Additionally, to indicate the differing levels of collaborative activity in each state, differing numbers of collaborations were chosen from each; for instance, seven collaborations were chosen in Massachusetts, from which the most nominations were received, and one or two collaborations were selected in other states from which fewer nominations were received.

Finally, nominating source was also considered when making selections. Given the nature of the topic, it was particularly important that the study sample represent the universe of early childhood constituents, i.e., special education, Head Start, school-based prekindergarten programs, Title XX child care, for-profit providers, and other early care and education programs. In the first wave of nominations from key informants, Head Start seemed to be under-represented. A concerted effort was launched to obtain greater Head Start representation; with support from the national office, Head Start regional directors were contacted and asked for nominations of collaborations in which Head Start was a prominent partner. Thus, through efforts at broad

representation during the nomination process and sensitivity to program diversity during the selection process, a sample including a wide range of early childhood constituents was obtained.

## INSTRUMENT DEVELOPMENT, PILOT, AND REVISIONS

The telephone protocol was chosen as the most practical means by which to gather data on collaborations nationwide. With working hypotheses as a framework, interview questions were formulated to elicit information on the collaboration's history, structure, process, and outcomes. Reflecting research on effective telephone interview practices (Dillman, 1978), an advance letter was sent to all participants in the sample describing the study and requesting their participation. This letter was followed by a telephone call from a member of the research team who scheduled the interview, answered any questions about the study, and requested written material on the collaboration, such as by-laws or program descriptions. A copy of the telephone survey was sent to each participant prior to the telephone interview so that the questions could be reviewed, and any additional concerns discussed, before the interview. The participant was called and reminded of the interview the day before, and the interview was followed up with a thank you letter that included an invitation to call the Bush Center for further information and reiteration of an agreement to share the final report with the respondent.

The telephone protocol was piloted on six collaborations by members of the research team and revised based on feedback from interview participants. The interview was shortened from 2 hours to 1 hour by deleting questions that appeared to elicit redundant information. Additionally, questions were rearranged in a more natural order, creating an easier flow for interviewer and participant. Finally, specific language was simplified and probes developed for more complex questions (Appendix F).

More important, however, the six pilots yielded significant information regarding the outcomes of collaboration. While aware that service and system collaborations appeared different, through the pilot we learned that collaborations with service missions had very different goals and outcomes than those having system-oriented missions. Because the working hypotheses generated from the Study of Early Care and Education Collaboration in Three States focused primarily on outcomes for service-oriented collaborations, it became apparent that they needed to be revised to accommodate system collaborations. Thus, our original working hypotheses were augmented to include outcome hypotheses for collaborations addressing systemic reform (Appendix G). Termed final hypotheses, these revised hypotheses provided the framework for organizing and analyzing data elicited from the collaborations participating in the study.

## DATA COLLECTION AND ANALYSIS

Of the 74 original collaborations chosen, 61 agreed to

participate in the study as a result of the telephone interview practices reported above. Those who chose not to participate responded to the advance letter by saying that their schedules could not accommodate the hour-long interview. Eleven other collaborations were substituted, resulting in a total of 72 collaborations interviewed. In most cases, one respondent--the leader of the collaboration--spoke to the interviewer. In a very limited number of cases, the collaboration arranged a telephone conference call so that two collaboration members--one usually a parent--could participate in the interview.

Data were collected from two sources: from the telephone interviews and from review of the written materials sent by collaborations. Using these data, three recording techniques were used. First, the collaboration's development over time was charted to confirm or negate the developmental status of the collaboration suggested by the nominator (Appendix H). Second, using the final hypotheses as a framework, a data analysis form was developed (Appendix I). It helped organize responses to the interview questions around the explicit hypotheses under investigation and ensured that all information relevant to each hypothesis was recorded by the interviewer. The form also provided a readily accessible means of comparing collaborations across hypotheses. Third, to facilitate exchange of information among the research team, narrative summaries of each collaboration were written, noting distinguishing characteristics, unique experiences, or significant

accomplishments. These were used as the basis for the summaries that appear in Chapter VIII.

Criteria were developed to guide the interviewer in analyzing the data's compliance with the final hypotheses (Appendix J). These criteria discerned the structures, attributes, and accomplishments that were crucial to attaining the process and outcome variables posited. Using tabulation and cross-tabulation procedures, frequencies and percentages were determined for the compliance of the collaborations with each of the final hypotheses (Appendix K).

For analysis purposes, the 72 collaborations studied were divided by their missions: service (36 collaborations); system (16 collaborations); and dual (20 collaborations). On process hypotheses, all 72 collaborations were examined. However, given differences in outcome discerned in the pilot, it was necessary to distinguish between service and system collaborations for the outcome analysis. To do so, a determination needed to be made regarding dual-mission collaborations. Because all the dual-mission collaborations had both service and system outcomes, it was decided to analyze them both with service and with system collaborations. To analyze them solely as service or system would have falsely categorized their accomplishments, which were clearly both service- and system-oriented. Thus, for activities and outcomes, service collaborations include those collaborations whose mission is service (36) and those whose mission is dual (20), for a total of 56 collaborations; system collaborations

include those whose mission is system (16) and those whose mission is dual (20), for a total of 36 collaborations (Appendix K).

## LIMITATIONS

Because the study was driven by an interest in the outcomes of collaboration, only those collaborations were studied that (1) are operational and (2) have been deemed by the key informants to have been effective in improving early care and education services and systems. Thus, the sample is not representative of the universe of extant and emerging collaborations. However, because of the prominence and expertise of the informants and the diversity of nominations elicited, it may be assumed that the sample captures the essence of functioning early care and education collaborative endeavors as they currently exist across the country.

Second, and related to this focus on outcome, is the lack of variability in the data. Because the study included only those collaborations thought to be successful, information was not gathered on the process and outcomes of ineffective collaborations. Thus, comparing ineffective and effective collaborations on process, outcome, or the interaction of process and outcome is prohibited by the sample.

Third, by its very nature, a telephone survey strategy has limitations. Because, for the most part, only one contact from each collaboration was interviewed, the data obtained are limited

by that person's attitudes, perceptions, and values. A more extensive survey or an on-site investigation would have allowed interviews with more representatives of the collaboration and perhaps afforded a more variegated picture of the collaboration's goals and accomplishments. Furthermore, except for the written materials sent by collaborations, the information shared by the interview participant cannot be verified.

Finally, no data were collected on specific children or families, circumscribing the breadth of outcome variables.

## CHAPTER III

## THE COLLABORATIONS STUDIED

Still a new and largely unexamined enterprise, early care and education collaborative efforts are interesting to practitioners and policymakers as a potential means of improving early childhood services and systems. This study addresses key questions, previously unanswered, about early care and education collaborations' characteristics, functions, objectives, and impact. They include: Who are they? How do they function? And do they make a difference? However, the research team found that before it could understand and share its findings, it needed to craft a common nomenclature to discuss collaborations.

### CHARACTERISTICS OF COLLABORATIONS

The research team developed common terms to describe the phenomena and characteristics associated with collaboration. Four major characteristics were distinguished: mission, focus, origin, and structure.

As suggested earlier, a collaboration's mission is its raison d'etre, the focus of its energies. Mission may be defined in three ways: service-oriented, resulting in the increase of the quality and quantity of direct services to children, families, and providers; system-oriented, resulting in improvement of systemic inconsistencies that impede the equitable and effective distribution of services, perhaps through altering regulations;

and dual-mission, resulting in both service improvement and systemic change.

A collaboration's focus is where its efforts are targeted--usually at either the state or the local level. In some cases, the collaboration may have a state/local synergy in which collaborative efforts at the state level have direct effects on local collaboration, and vice versa. For example, a collaboration may introduce state legislation that improves local services through collective program planning or integration of diverse child and family programs.

A collaboration's origin may be defined as the impetus for its initiation. Origin may be mandated by federal, state, or local legislation or agreement, or it may be voluntary, in which case members come together of their own accord.

A collaboration's structure includes the ways in which members interact and the form the collaborative endeavor takes. Collaborations take three separate structures--ring, spoke, and spiral:

> Ring: Multiple agencies or individuals share a common mission and work together to address mutually agreed-upon problems that affect all members of the collaboration.
>
> Spoke: A primary agency (the hub) links with other agencies (spokes) on a one-to-one basis to meet specific needs of the dyad. Emanating from the hub, like the spokes of a wheel, multiple coordinated efforts co-exist to meet broad goals.
>
> Spiral: Diverse services or programs are nested in one, whole, and discrete entity. Differing from ring collaborations, in which each member retains its autonomy and separate identity, or spoke collaborations, in which an agency solicits collaborative relationships with external partners, spiral collaborations evolve and grow by

subsuming and administering previously disparate services or programs.

The three collaborative structures are pictorially represented in Appendix L.

Using this terminology for collaborations' mission, focus, origin, and structure, the following sections describe the characteristics of the sample; examine the patterns of characteristics found in state, local, mandated, and voluntary collaborations; and discuss the possible relationships between collaborations' characteristics and their activities.

## GENERAL CHARACTERISTICS OF THE SAMPLE

Mission. Half (50%) of the collaborations have service missions, while the other half is almost equally divided between system missions (22%) and dual missions (28%).

Focus. Almost half (46%) of the collaborations have a state focus, while approximately half (54%) are focused at the local level. For those collaborations with both a local and a state component, the collaboration is characterized by the focus of the predominant endeavor discussed by the respondent.

Origin. Approximately one-third (38%) of the collaborations are mandated and two-thirds (58%) are voluntary.

Structure. Half (49%) of the collaborations take on a ring structure, slightly under half (40%) are structured as spokes, and very few (11%) are spiral collaborations.

As wider knowledge of collaborative structures nationwide

was gained, it became clear that, while one collaborative structure dominates and defines the collaboration, it is also possible for the collaboration to have multiple structures. For example, some seasoned ring collaborations, which accomplish their goals primarily by the joint work of all members, also reach out to individual agencies bilaterally using a spoke structure. Some spiral collaborations, which integrate and subsume various diverse programs into one whole unit, are guided in their work by interagency advisory committees on the ring structure.

## CHARACTERISTICS OF STATE VS. LOCAL COLLABORATIONS

An examination of state and local collaborations reveals some striking differences in their characteristics. For state-level collaborations, 43% have system missions, 27% have service missions, and 30% have dual missions. Thus, most state-level collaborations address systemic change. Furthermore, nearly three-fourths (73%) of state collaborations are structured on the ring model. In direct contrast, more than two-thirds (69%) of local-level collaborations provide direct services to the early childhood community, and more than half (56%) take on a spoke structure.

One explanation for these findings may be that changing systems necessitates the involvement of as many stakeholders as possible--representing public and private organizations and agencies, as well as the business community. A ring structure

provides the forum for sharing mutual needs and building a consensus around issues that are of universal concern. Further, it may be that such systemic initiatives cluster at the state level because their effectiveness is increased by their ability to influence a wide range of constituents.

Indeed, when examining system or dual-mission collaborations that have a spoke rather than a ring structure, they have fewer overall accomplishments. Though they often produce reports or surveys that can have far-reaching effects on legislative and governmental change, these reports usually have not led to such changes. One exception to this pattern is a spoke collaboration interviewed that links with other system-oriented advocacy collaborations, resulting in changed legislation and the creation of other legislation that has established a new city-funded service for the public.

Moreover, system and dual-mission collaborations that are local rather than state focused do not seem to have accomplishments associated with broad systemic reform, such as the establishment of model demonstration projects, as do those at the state level. Instead, local system collaborations direct their efforts mainly at disseminating information through the creation of reports on local child care needs and through community workshops and conferences.

Conversely, most of the local-level collaborations studied deliver direct services using a spoke structure. This suggests that local service collaborations tend to focus on immediate and

direct needs related to specific aspects of their programs. In order to accomplish their goals, they reach out to those specific organizations or agencies that can meet those needs. For example, a local child care agency may collaborate with a Head Start to enhance professional development opportunities for providers by sharing training. A school-based prekindergarten program may collaborate with a local Chamber of Commerce to fund high-cost items, like computers, for the classroom.

The spoke structure appears to be more useful than the ring structure in addressing the immediate problems of local service organizations. In fact, the leader of one local collaboration described her collaboration's restructuring from ring to spoke. Members were discouraged by the collaboration's lack of progress when all agencies were enjoined in a ring structure; the collaboration's reformation on the spoke structure has allowed more rapid solutions to specific problems and has resulted in strengthened relationships among collaboration members.

## CHARACTERISTICS OF MANDATED VS. VOLUNTARY COLLABORATIONS

Mandated and voluntary collaborations have missions that are surprisingly parallel. Forty-eight percent of mandated collaborations are service, 26% are system, and 26% are dual, while 51% of voluntary collaborations are service, 20% are system, and 29% are dual. In both cases, the preponderance of collaborations studied were service-oriented, with the balance fairly evenly divided between system and dual.

Despite this similarity in mission, the mandated and voluntary collaborations differ dramatically in structure and focus. Almost three-fourths (74%) of the mandated collaborations take on a ring structure, and over three-fourths (78%) are focused at the state level. For voluntary collaborations, over half (53%) are structured as spokes and about three-fourths (73%) are focused at the local level.

It has been observed that systemic reform seems to happen most easily when collaborations occur at the state level and have a ring structure. And indeed, mandated collaborations tend to occur at the state level and most do have a ring structure. While this ring structure may be most effective for the mandated system collaborations, it seems to be more problematic for the mandated service collaborations. As we have seen, service-oriented collaborations tend to function as spokes, thereby addressing service needs more directly. Often ring structures are imposed, as a part of the mandate, on service-oriented collaborations; a dilemma akin to putting a square peg (service-oriented mission) in a round hole (a ring structure).

We suspect that this occurs because legislators who create the mandate are often aware only of the "round hole," the ring structure. They do not recognize that they may be imposing a fundamental contradiction (mission vs. structure), and thus impeding the effectiveness of those mandated service collaborations forced to function with a ring structure.

In contrast, voluntary collaborations are free to form their

own structures, more appropriate to their missions. Our work suggests that all collaborations, not simply voluntary collaborations, should have the flexibility to allow form to follow function, to create structures tailored to their missions.

## CHAPTER IV

## THE COLLABORATIVE PROCESS

This is not a study of collaborative process; it is aimed at understanding the outcomes of collaboration and documenting the benefits of collaborative endeavors. However, in gleaning information from collaborations nationwide, important facts about how collaborations function and what processes characterize collaborative organizations have emerged. A collaboration's process may be conceptualized as the relationship between its developmental stage and certain mediating variables, which may enhance or inhibit the collaboration's progression through the developmental stages. Together, the developmental stages and the mediating variables provide a framework for understanding the collaborative process.

### DEVELOPMENTAL STAGES

By amalgamating the work of developmental stage theorists, it is possible to identify six developmental stages through which collaborations progress. In the first stage, formation, the idea of the collaboration is conceived in response to the recognition or identification of a problem. The problem is "legitimized" through sharing with others and "stakeholders" are identified and recruited to the collaboration. In the second stage, conceptualization, collaboration participants build consensus and work out turf issues by developing a mission statement, adopting

formal objectives, and defining members' tasks, roles, and responsibilities. An administrative structure and decision-making model are crafted for future interagency activities. The third stage, development, is characterized by the transformation of the vision and the formal mission of the collaboration from philosophy into practice. In service collaborations, the group begins to identify programs for revision or expansion. In system collaborations, legislative or government policies are targeted for change. A locale is selected for the collaboration, a work plan is created, a communication system is established, and strategies are developed for carrying out the collaboration's objectives.

In stage four, implementation, the collaboration's work plan is actualized. Agencies interact according to the agreed-upon structures. Decisions made during the earlier stages are now carried out at the administrative, service delivery, and/or policy levels. Depending upon the collaboration's mission, necessary systemic changes are made and/or services are improved. In stage five, evaluation, the collaboration's efficacy is assessed by comparing actual performance levels to expectations. If discrepancies exist, the collaboration attempts to ascertain whether they arise from inadequacies in formation, conceptualization, or implementation. Evaluation may take place at various levels and typically incorporates four dimensions: effectiveness (relationship between goals and actual results), equity, adequacy of resources, and cost efficiency.

In the sixth and final stage, termination/reformation, decisions are made regarding the collaboration's continuation or reformation based on the results of the evaluation stage. If change is indicated, a new collaboration may be developed from the roots of the old. This may be accomplished by replacement of the old structure with a new one; consolidation of successful structures and elimination of outmoded ones; or the implementation of program adjustments to reflect the changing environment.

Though collaborative development has been described in the literature as happening sequentially, similar to a child's development through progressive physical and cognitive stages, study data indicate that in practice these developmental stages are not linear in nature, but rather, often co-exist in a collaboration. For example, system collaborations that are evaluating and terminating collaborative work on legislation that has been passed may also be conceptualizing strategies for creating additional legislation on a different issue, incorporating three developmental stages concurrently. In one collaboration studied, the loss of state funding, which threatened the collaboration's existence, resulted in activities spanning the developmental spectrum. As the collaboration continued to pursue and implement its goals, it terminated its existence as a politically appointed, state-funded group. At the same time, the collaboration evaluated its accomplishments to date, in order to support reformation of the collaboration as a

voluntary group. Simultaneously, it was necessary for the collaboration to recruit new members and strategize new goals which would be possible without funding or political support. Thus, this collaboration incorporated all six developmental stages simultaneously to maintain its existence.

In addition, conversations with collaboration leaders reveal that preformation activities preceding any formal formation activities as described by developmental stage theory demand enormous time and energy. Taking months and sometimes years to complete, these activities include building a social recognition that there is a problem to be addressed; defining the context of the problem within the larger social and political environment; sharing mutual concerns; building a consensus around possible goals and how to reach them; and planning a clear direction for action. The need for extensive time and effort devoted to preformation activities is not surprising in light of the fact that many groups and individuals have never, in their agencies' histories, met or worked together, making the act of collaboration a lengthy and arduous process.

## MEDIATING VARIABLES

It is postulated that collaborations experience similar developmental stages, but that their pace and trajectory will vary and will be strongly influenced by mediating variables. Mediating variables, like developmental stages, are universal, but unlike the stages, their impact varies greatly by particular

setting and by collaboration. It may be the nature and intensity of each mediating variable interacting with the developmental stages that yields such a diversity of collaborations. Four broad categories of mediating variables that affect collaborative development and function were identified: goals, resources, power and authority, and flexibility.

Goals

There is no disagreement among scholars upon the importance of developing common goals to the success of a collaboration. Some groups may fully agree on goals from the beginning; more commonly, the formal goals adopted by the group are the product of many conflicting sub-goals that are reconciled through consensual processes. In either case, defining the collaboration's goals seems crucial to the collaboration's ultimate effectiveness.

To assess the accuracy of this assumption, two hypotheses were developed. They posit two elements of goal setting that are related to collaborative processes: (1) the development of clearly agreed-upon goals, objectives, and strategies by collaboration members; and (2) the development of goals that are differentiated from those of other agencies, creating a sense of the collaboration's uniqueness and avoiding turf battles. In analyzing the compliance of the 72 collaborations with these hypotheses, nearly all (96%) do indeed have clear goals, indicating that this process is a crucial precursor to effective

collaborative activities.

However, noticeably fewer collaborations (72%) have goals that are distinct from those of other groups in their communities. To ascertain which characteristics seem to be associated with variability on uniqueness of goals, further analysis was conducted. Most variation occurs among collaborations with different missions: while well over three-fourths of service and dual-mission collaborations have goals distinct from other groups (86% and 85%, respectively), fewer system collaborations do so (69%).

Therefore, we suspect that having distinct goals may be more important for service or dual-mission collaborations than for system collaborations because service or dual-mission collaborations, which deliver direct services, will probably not seek to duplicate services already offered in their communities. In contrast, system collaborations have broader goals that include increasing the availability, quality, and affordability of child care. Perhaps such broad goals need not be unique to the collaboration, but may be shared among many community groups that pursue similar goals in different ways.

Indeed, system collaborations studied appeared to value uniqueness, not in their goals, but in their approach to goal accomplishment. For example, one collaboration described advocacy efforts that involve government agencies, child care providers, parents, and business in an unprecedented collaborative relationship. The collaboration's approach to

improvement of child care delivery systems differs from that of other child care agencies in the community that address such issues individually. According to the leader of this collaboration, it is the uniqueness of the collaboration's approach--creating a unified voice for all early care and education constituents--rather than the uniqueness of its goals, that enhances the collaboration's effectiveness.

Resources

Both the quantity of resources available and the way resources are shared dramatically influence the collaborative process. First, and paradoxically, the quantity of accessible resources may either block or support the formation of the collaboration. A lack of resources may inhibit collaboration by increasing interagency competition and hostility. Just as frequently, it may catalyze collaboration by propelling organizations to work together to seek resources. Conversely, the availability of resources may be an attraction to a resource-poor organization, providing the catalyst for collaborative activity.

Second, the availability of resources affects the structure and efficacy of the collaboration once it is formed: a collaboration with abundant resources may experience greater ease in attaining its goals. The patterns of resource availability among functioning collaborations were examined by two specific hypotheses: for human resources, as evidenced by the support of

the collaboration by business and/or political leadership; and for financial resources, as evidenced by the existence of stable operating funds and/or in-kind support.

Nearly all the collaborations (97%) report enjoying the endorsement of the political and business leaders in their communities. However, although the concept of collaboration often receives broad-based community endorsement, it is not necessarily accompanied by financial backing. In fact, 21% of the collaborations report that they do not have stable funding or in-kind support for their work. In analyzing this hypothesis by collaborative characteristics, variation occurs both by focus and by mission. Nearly all local-level collaborations (95%) have stable funding, but fewer than three-fourths (64%) of state-level collaborations can claim this. Variation is even more striking among collaborations with different missions: almost all service (92%) and most dual-mission (80%) collaborations report stable funding, while half (50%) of system collaborations do so.

Previous analysis of state and local collaborations has indicated that state-level collaborations are much more likely than local collaborations to be system-oriented, while local-level collaborations tend to deliver direct services. An analysis by focus and by mission reveals that for service collaborations at both local and state levels, almost all (93% and 89%, respectively) have stable funds. Striking variation occurs in system collaborations at the state level, less than half of which (43%) have stable funds. Thus, mission rather than

focus seems to be the determining factor for this variable.

It appears, then, that funding for services, which have tangible and clearly defined outcomes, is easier to obtain. In fact, system collaborations interviewed report difficulty attracting funders for advocacy efforts, perhaps because these efforts are perceived as politically unpopular or as having nebulous outcomes. The difficulty that system collaborations experience in attaining stable funding seems to be a very serious and pervasive problem. While these collaborations work to effect far-reaching change--a task requiring large commitments of time and attention from collaboration members--frequently, members of system collaborations are distracted by the need to raise funds for their efforts. As the leader of one system collaboration stated, the group's existence is secure only for about six months at a time, when members must again become active in fund raising and grant writing. Thus, it is difficult for the collaboration to formulate long-range goals, as there is no certainty of attaining them.

Moreover, when members of system collaborations receive no financial remuneration for their involvement in the collaboration, often the less affluent members must decrease their involvement because they are the least able to tolerate the financial implications. For example, the leader of a system collaboration shared concern about the limited involvement of family day care home providers in the collaboration, as participation in the collaboration during business hours means

financial loss for these members. If broad representation of early childhood stakeholders is crucial to the success of system collaborations, as has been posited, the limitation of collaborative membership because of financial instability may have drastic negative effects.

Power and Authority

Collaborative power and authority has two dimensions, internal and external. The former refers to the distribution of power and authority among the members of the collaboration; the latter, to the collective power and authority of the collaboration. Leadership style affects both dimensions of power and authority. Internally, "facilitative" leadership can encourage power sharing and "ownership" of the collaboration by all members. Externally, strength of leadership can influence the collaboration's ability to affect early care and education services and systems in its state or community.

Three specific hypotheses address internal and external power and authority: having a leader who is perceived as objective and effective; having membership that is representative of the early care and education community; and having joint public/private membership. Not surprisingly, nearly all (96%) the collaborations studied have effective leaders. Typically, it was these who initiated the collaboration and who guide the collaboration by sharing their vision and their passion for the collaboration's mission. Individuals of high prestige and

extensive experience, collaboration leaders display expertise in navigating the difficult passages of collaborative relationship-building and political and practical reform.

In contrast, fewer collaborations have membership representative of their communities (88%) or joint public/private membership (63%). In analyzing these processes by collaborations' characteristics, variation occurs by origin, mission, and focus.

Most of both mandated and voluntary collaborations have membership representative of the community (96% and 82%, respectively); however, noticeable variation occurs when considering joint public/private membership. Less than half (48%) of the mandated collaborations represent both the public and private sectors, whereas almost three-fourths (71%) of voluntary collaborations do so. Perhaps one explanation of this finding is that membership in mandated collaborations tends to be dictated by the mandate. This may limit collaborators' incentive to reach out to a broad range of private and public organizations when assembling the membership of the collaboration.

A similar pattern emerges when analyzing collaborations by their mission. The majority of service (92%), system (81%), and dual-mission (85%) collaborations have membership representative of the early care and education community. However, collaborations differ greatly regarding public/private membership: most (92%) service collaborations report joint membership, just over half (55%) of dual-mission collaborations

do so, while under half (44%) of system collaborations have joint public/private membership.

Given that most service collaborations are local, membership was examined by collaborative focus to ascertain whether conclusions could be drawn regarding a collaboration's focus and its ability to attract diverse membership. Indeed, differences between state and local collaborations occur. Most (90%) local collaborations have representative membership, while just over three-fourths (79%) of state collaborations do so; more striking is the fact that a majority (74%) of local collaborations have joint public/private membership, contrasted to under half (48%) of state collaborations.

Some conclusions may be drawn regarding this pattern in membership among collaborations. First, the involvement of the private sector seems to be more difficult for all collaborations than the involvement of a wide range of early care and education constituents. The difficulty of attaining public/private sector partnerships is evident to the leader of a collaboration who described the collaboration's membership, noting that a "seat" has been saved for a member of the business community, but that at present no one has agreed to serve on the collaboration.

Second, it may be that private sector involvement is easier to attain at the local level. The above data indicate that service and voluntary collaborations are more likely to have joint public/private membership than are system, dual-mission, and mandated collaborations. Given that most system and mandated

collaborations occur at the state level, the data on service and voluntary collaborations were examined to discover whether private sector involvement varies by state or local level. In fact, about half (56%) of state service collaborations have joint public/private membership, compared to most (81%) local service collaborations. Half (50%) of state voluntary collaborations have joint membership, compared to well over three-fourths (79%) of local voluntary collaborations. Thus, it appears that focus, rather than mission or origin, is key in determining whether a collaboration is likely to involve both private and public sectors.

It may be that in a local community, where public leaders are more likely to interact daily with representatives of the private and business sectors, personal and professional relationships form that predispose individuals to invest time and energy in collaborative endeavors. Further, in local areas, business leaders are more likely to identify early childhood constituents as consumers and therefore to be more interested in fostering positive relationships with early care and education programs by sharing in their concerns and activities. In fact, many of the local collaborations interviewed describe long-standing friendly relationships between members that cross agency boundaries and that precipitated some individuals' agreement to serve on the collaboration.

Flexibility

The flexibility a collaboration accords itself and its members both defines and influences the collaborative process. It enables collaborations to respond to the changing nature and scope of problems and permits participants to react to shifting boundaries among themselves and changing internal structures and role assignments. Two process hypotheses address the flexibility of a collaboration: the establishment of formal and/or informal communication links among members, facilitating internal flexibility by ongoing communication and accommodation of collaboration members to one another's activities, feelings, and needs; and provision of direct and/or indirect services to children, parents, and providers, indicating a flexible response to the changing needs of early childhood systems and services, and the changing abilities of the collaboration to meet those needs in direct or indirect ways.

Almost all collaborations studied, regardless of their characteristics, have established communication mechanisms (97%) and provide direct or indirect services to early care and education constituents (94%). Of the mediating variables, then, it seems that flexibility is the most universal, and therefore perhaps a clear hallmark of collaborative process.

Such a finding should not be surprising; given that the previous data show collaborations grappling with such ubiquitous challenges as inadequate funding and lack of private sector involvement, flexibility may well be the ingredient most

essential to the collaboration's survival. It may be a flexible response to the collaboration's geographic environment (a collaboration in a rural, mountainous state holds meetings in alternative sections of the state to allow all members equal opportunity to attend at least half of the collaboration's meetings). It may be a creative way to address staffing shortages (a collaboration with local universities allows a child care agency to adequately staff its programs with early education, nursing, social service, and food service students). It may be stretching resources to serve more than one purpose (a collaboration that receives corporate funding for its efforts to expand day care centers and homes to accommodate the needs of employees notes that this also increases the availability of child care for the public). Large accomplishments or small, collaborations report that flexible responses to their environment enable them to continue to pursue their goals.

## CHAPTER V

## OUTCOMES OF COLLABORATION

Ultimately, the key question is, "Do collaborations make a difference?" This study of 72 early care and education collaborations nationwide prompts a resounding "yes." Collaborations face challenges in implementing their goals when insufficient funding or support exists for their efforts; and, not surprisingly, there are some particularly knotty problems for collaborations to solve. Nonetheless, data indicate that collaborations have made a positive difference, addressing problems that have plagued early childhood services and systems for decades.

### DEFINING SUCCESS

When applying the concept of "success" to collaborations' activities and accomplishments, however, there is an assumption that "success" is an absolute and that collaborations do or do not attain it. Because this study's predominant goal was to understand the benefits of collaboration, defining and measuring success became an integral and important component of the study's work. Our analysis suggests that success is not an absolute, but a changing, fluid concept, varying by the particular collaboration studied and by the perspective of the investigator. This chapter examines "success" from three perspectives: as a "feeling" conveyed by collaboration members; as an empirical

construct used by researchers; and as practical, concrete improvements in the areas of quality, comprehensiveness, access, equity, information and advocacy, and cost-effectiveness.

All collaboration leaders interviewed report that they feel successful. Using words like trust, communication, and understanding, they explain that the act of collaboration itself--assembling formerly antagonistic heads of major organizations, discussing and agreeing upon areas of mutual concern, establishing concrete goals and objectives--is an accomplishment testifying to the success of their work. Even developing collaborations, contacted early in the nomination process, report themselves successful because they have established functioning collaborative relationships, an accomplishment preceding more concrete outcomes related to children's services, parents, and providers.

For the purposes of this study, however, the research team needed to operationalize the success construct in order to chronicle outcomes reported by the 72 collaborations interviewed. Just as service and system collaborations have different goals, definitions of success differ for service and system collaborations. Minimum criteria for success were developed for service collaborations in three areas: the improvement of children's services; parent education and satisfaction; and professional enhancement for providers. In assessing the range of possible activities and accomplishments in these three areas, the research team determined that, at a minimum, successful

service collaborations must result in: (1) children's services using resources more effectively and being better planned and coordinated; (2) parents being better informed and feeling a stronger bond with early care and education services; and (3) early care and education providers being more knowledgeable about the range and nature of services in their communities.

Similarly, the possible activities and accomplishments of system collaborations, as posited in the final hypotheses regarding system collaborations' outcomes, were reviewed. It was determined that successful system collaborations must have accomplished or be involved in a minimum of two system-oriented activities. For dual-mission collaborations, successful examples needed to meet the success criteria for both service and system collaborations.

Using these criteria, a great majority (89%) of the 72 collaborations studied are successful. While this is a good percentage of our sample, the finding is confounded by two attributes of the study. First, all collaborations studied were cited by the key informants as being effective in improving early care and education services and systems in some way, so that this 89% represents the "cream" of already deemed successful collaborations. Second, although the criteria for success were developed only after much thoughtful discussion among the research team, they are not definitive. Other researchers and scholars may develop other criteria by which to judge a collaboration's success. Given our knowledge, we selected

success criteria, but clearly further research and analysis is needed before consensus and clarity can be reached about a definition of success.

More practical meaning seems to be derived from the concept of success when it is approached from the perspective of the needs of the field of early childhood education and child care, as this study has also done. Responding to inefficiencies and inequities that have existed for decades, the field particularly values improvements in six broad categories: (1) quality; (2) comprehensiveness of children's services; (3) access to services for the children and families who need them; (4) equity among various early care and education services, both for the children who use them and the adults who provide them; (5) information and advocacy on the issues that are of concern to the field; and (6) cost-effectiveness through reduced duplication of services, service coordination, and expanded resources. Below, the diverse and creative ways in which collaborations are making a difference in these broad categories are reported.

## QUALITY

Four broad areas that directly affect the quality of children's services--training, regulations and legislation, continuity, and parent involvement--were studied.

### Training

The quality of early care and education services is affected by the quality of the professionals who provide these services.

A majority of all collaborations studied provide enhanced training opportunities to early care and education teachers in three distinct ways: (1) by expanding the training options available to teachers through linking with the training efforts of other early care and education programs (74%); (2) by offering formal training and education to providers themselves (61%); or (3) by offering state, regional, or local conferences and workshops on child care issues (53%). One collaboration has documented the link between its provider education efforts and program quality; it reports an evaluation of its training and technical assistance efforts, which indicates that providers who participate in these activities are twice as likely to stay in the field of early care and education and to pursue college training to enhance their skills. Thus, this collaboration's training activities have the two-fold effect of reducing turnover and stimulating providers' professional growth. Training seems to be an activity particularly amenable to collaborative activity.

Regulations and Legislation

Some collaborations report enhancing program quality by reform of the basic system. For example, they promote the development of consistent regulations for all child care programs in their states or communities (40%); create or change child care and education regulations to enhance quality through tightening standards (31%); and create or change legislation concerned with

licensing or monitoring child care settings (36%).

For example, one collaboration reports that, as a result of its efforts, child care regulations in the collaboration's community are much stricter than those the state promulgated in terms of child/teacher ratio, indoor space, and educational activities. Another collaboration has brought about legislation that has changed zoning laws for family day care homes, allowing these "underground" providers to become officially registered with the state and therefore subject to state regulation and monitoring.

Additionally, some collaborations report addressing program quality by creating models for service delivery (25%). One collaboration has designed models of high-quality early care and education programs by integrating the regulations for child care, Head Start, and school-based prekindergarten programs. Using regulations that are the strictest among the three programs, the collaboration has produced and piloted models of service delivery that employ the "best" elements of all three programs. Model programs attain the most stringent guidelines in parent involvement, curriculum, social services, and kindergarten transition components.

Clearly, fewer collaborations engage in activities that address quality through legislative and regulatory efforts than through training activities. This may be because child care regulation is a complex and politically volatile subject, bringing in issues of cost, freedom of choice for parents, and

separation of church and state. In fact, one collaboration leader reports losing members because of vehement disagreement over child care regulations; another leader fears the withdrawal of an important member should the collaboration support stricter child care regulations in the state. Given these obstacles, that several of the collaborations studied report accomplishments in this area is a testimony to their ability to tackle persistent and deeply rooted problems in the field.

It is important to note that variation on hypotheses related to quality enhancement through regulatory and legislative change emerges when examining collaborations by their origin. Mandated collaborations are more likely to report accomplishments in these areas than are voluntary collaborations. The most striking variation occurs when looking at the establishment of consistent child care and education regulations in the collaborations' communities. Over half of mandated collaborations (52%) report that they have affected regulatory consistency, contrasted to under one-third (31%) of voluntary collaborations.

Perhaps this finding is related to the greater power and authority that may be conferred on a collaboration through mandate. It may be that when a collaboration is mandated to effect certain changes in early care and education systems and services, which may include regulatory changes, it is also given the authority to influence state and local agencies to accede to such changes. Interview participants convey that when mandate is combined with authority, it is an unbeatable combination. For

example, one leader of a mandated collaboration has been the leader of another collaboration, also mandated, now defunct. She identifies the key difference between the two as the new collaboration's mandate not only to effect certain changes in the early care and education system, but also to assume authority over other state agencies involved with child care, making the collaboration a sort of "watch dog" for the state's child care activities. Though this collaboration is still in the development stage, initial signs indicate that it will be very effective in bringing about changes that may affect program quality, as well as other issues.

Continuity

Continuity has long been regarded as a key--though difficult to attain--quality variable in early care and education. Continuity has several dimensions that have been addressed by collaborations. One is to foster continuity among programs so that children experience easier transitions. Most collaborations (69%) report that they have increased joint planning and communication among child care services and that this accomplishes two things: (1) It enhances the quality of program content by ensuring curricular standards that transcend auspices; and (2) it provides children with continuity of experience as they move between programs, enhancing the likelihood of successful transitions.

For example, one collaboration provides transitions for

special needs children through a transitional program in which children attend kindergarten part of the day and an early special education program part of the day. Parents and providers of both programs meet frequently, and providers and kindergarten teachers share daily activity reports to ensure that activities in both programs are developmentally and cognitively appropriate and complementary to each other. Another collaboration has fostered the development of a common curriculum among all preschools and kindergartens in its community, by which all programs meet minimum criteria for educational activities. Also, of course, consistency in curricula improves transitions for children between preschool and kindergarten in this community. Finally, a collaboration providing preschool services to low-income urban children has linked with the public schools to offer coordinated educational activities. This linkage, reports the collaboration, has substantially improved children's academic success and social and emotional adjustment as they move between preschool and public school programs.

Parent Involvement

Finally, parent involvement is another quality index important to the early care and education field. Practitioners assert that quality of programs is enhanced when interested, informed parents contribute their energies to their children's programs and when they support the efforts of early childhood programs by providing similar learning opportunities at home.

Two outcome hypotheses posit specific ways in which parent involvement takes place: by helping parents to feel a bond with child care programs (an accomplishment of 76% of collaborations) and by enhancing parent education through producing consumer information (done by 67% of collaborations).

The collaborations engaged in parent involvement efforts give numerous examples of how they affect program quality. One collaboration cites research indicating that "uneducated" parents are the most likely to patronize unregulated day care settings. As a result, substandard programs are supported financially by uninformed consumers. The collaboration has launched a concerted effort to inform parents about the aspects of high-quality care, how to choose high-quality care, and how to report cases of substandard care. Thus, quality is indirectly affected by reduced patronage of low-quality settings and greater monitoring of programs by parents themselves. Another collaboration reports that its efforts to involve parents in child care programs help parents begin to see themselves as their children's primary teachers. In addition to supporting the work of the child care programs provided by the collaboration, parents continue to be active in their children's education when their children are school aged.

It is evident, then, that collaborations enhance quality of early childhood systems and services in a variety of ways. Some, like provider training and parent involvement, seem more prevalent and perhaps easier to attain. Others, like creating

legislation and designing model programs, may be more difficult to accomplish. However, collaborations are clearly making a difference to the field in the crucial domain of quality.

## COMPREHENSIVENESS

In addition to increasing quality, collaborations may increase the comprehensiveness of services available to children and families in two specific ways: (1) They may link existing programs to offer services that transcend agency boundaries; or (2) they may create new demonstration projects that are models of comprehensive service delivery. Most (78%) of the collaborations studied have resulted in increased linkages among children's services, while over one-fourth (28%) have designed and funded demonstration projects modelling comprehensive services.

### Program Linkages

Most (78%) collaborations report that, as a result of their work, a broader range of services is available to children and families. For example, one leader reports providing child care, health services, adult literacy training, GED training, general adult education, nutrition and parenting education, mental health services, and employment and budget management assistance to its clients. This is possible due to collaboration among the group's members: health and social service agencies, community colleges, and Head Start.

Moreover, collaborative planning increases comprehensiveness

of services in several communities, according to another collaboration that has established a state discretionary grant program. Local early care and education programs that receive grants may disburse funds to meet unique local needs, including providing comprehensive health, mental health, and social services to children. The state collaboration assists local programs in collaborative community planning and needs assessments by helping them to form interagency planning teams. Through collaborative program planning and linkage, these interagency teams coordinate existing services and collectively decide upon the funding for, and establishment of, new services.

A majority of collaborations report facilitating linkage among programs, and thus comprehensiveness of services, by mutual referrals. In this way, individual programs are not isolated, but are knowledgeable of one another. When one program cannot meet a child's or parent's needs, referrals to other programs enable families to receive needed services. Routinely, collaborations encourage referrals by helping early care and education providers become knowledgeable about the range and nature of services in their communities (72%) and by creating a data base on children's services for the use of parents, providers, and the public (67%).

For example, one collaboration keeps providers aware of community services by sponsoring interagency fairs, producing social service directories, and hosting conferences for community agencies. Another collaboration facilitates a mutual referral

system in its community by bringing together child care center directors with administrators of other organizations at monthly meetings. Child care directors share the needs of the children enrolled in their programs and agency administrators respond by alerting directors to the availability of free services and agreeing upon mechanisms for referral. A third collaboration has instituted a statewide data base of all agencies serving special needs children, including health, education, and social services. Service providers thus may more easily identify and connect special needs children with the multiple supports they require.

Demonstration Projects

Some collaborations implement demonstration projects that serve as models of comprehensive service delivery in their states and/or communities. A state-level collaboration described its funding and support of local pilot programs that provide services in education, health, mental health, and social services to impoverished youngsters. The local programs are supported by stringent written guidelines and the technical assistance of the state interagency team of experts, whose knowledge spans the fields of education and human services.

Because few collaborations (28%) have established demonstration projects as a means of encouraging comprehensive children's services, variation on this hypothesis was analyzed by collaborations' characteristics. Most variation occurs by origin: more of the mandated collaborations (26%) than voluntary

collaborations (4%) report establishing demonstration projects. One explanation may be that when collaborations are mandated to improve child care and education systems, they are also more likely than voluntary collaborations to have the authority to establish such changes.

ACCESS

Many collaborations are involved in activities that improve access to early care and education services for the families who need them, usually by helping parents to more effectively utilize early care and education services (83%), and/or by helping parents to be more informed about the services available to them (90%).

For example, one collaboration increases low-income families' access to child care by forming an advocacy network among parents, providers, and others interested in child care issues. As a result of collaborative efforts, state legislation has been created and implemented that increases subsidies for child care and expands the number of child care licensing staff. Another collaboration has facilitated the availability of information to parents by successfully advocating for the establishment of a position within municipal government responsible for disseminating child care information to the public. Yet another collaboration has been instrumental in increasing program access by passing legislation facilitating transportation of children to child care programs by schools and

establishing tax credits for employers providing on-site child care.

Other collaborations report enhancing parents' access to programs in unique ways. A state collaboration institutes local child care and family support programs in extremely depressed urban neighborhoods, where no such programs previously existed and where residents have little access to or money for transportation. Another collaboration reports training providers in multicultural and bilingual skills to reach out to a new Southeast Asian refugee community recently relocated to the collaboration's area, so this group can access the services offered by the collaboration. A state collaboration for special needs children establishes a nurse liaison system in all birthing hospitals; the nurse liaisons train hospital staff in referring handicapped newborns for special services and help parents to access such services.

EQUITY

Establishing equity in children's services is of importance both to the children who use such services and to the adults who provide them. Collaborations address program equity by facilitating the more equitable distribution of children's services in their communities (56%) and by producing surveys or reports on the state or condition of children's services in their communities to alert the public to inequities that exist (61%).

One collaboration addresses inequity among child care

programs by raising funds for child care services to low-income children and families. In so doing, the collaboration has fostered a feeling of community responsibility for meeting the child care needs of all community residents, regardless of income level. Other collaborations share consultants among Head Start and subsidized child care programs, so that the families enrolled in child care will have the benefit of Head Start's enhanced social service and parent education opportunities.

Moreover, many times collaborations claim that their reports on the distribution of child care programs in their communities help bring about efforts to redress inequities. For example, a collaboration's report on its community's child care needs resulted in an anonymous $1 million donation for establishing a center in an underserved area. Other collaborations have published reports on options for employer-supported child care, catalyzing commitments from corporations to start employee child care assistance programs that increase equity by supplementing the ability of low- and middle-income parents to afford quality child care.

In addition to addressing inequities in program content and distribution, most collaborations (71%) enhance equity among early care and education providers by their efforts to reduce competition among early childhood programs. For instance, a local collaboration involving Head Start, for-profit, and subsidized child care programs has developed a comprehensive health insurance package for all providers citywide. Such a

benefit would not have been affordable to any single program alone. Several collaborations share training; one collaboration reports the rich exchange between the differing but complementary training programs of a local Head Start and a special education program. Special education teachers have developed greater awareness of the principles of early childhood development, while Head Start teachers have developed specialized skills in such areas as sign language and physical therapy.

Almost one-fourth (21%) of collaborations interviewed report that they have reduced competition among programs by establishing equity in provider compensation in their communities. For example, one collaboration reports mingling Head Start and state prekindergarten funds to raise providers' salaries to that of public school teachers and to finance extra training opportunities for providers. Another collaboration, providing Migrant Head Start on a seasonal basis, links with other child care programs in its community to allow providers to work in the winter and thus supplement their annual salaries.

Because of its importance to the field and because fewer collaborations report success in establishing equitable provider compensation than in other efforts, collaborations that have had success in this area were analyzed in terms of their characteristics. As mandated collaborations had been previously found to be effective in systemic change, such as legislative and regulatory revision and development of program models, it would be reasonable to assume that they would also be better able to

address inequitable provider compensation. Yet, an analysis of this outcome shows the opposite: voluntary collaborations are more likely to have brought about more equitable provider compensation (22%) than are mandated collaborations (11%).

Given that most voluntary collaborations are local, this outcome was examined by collaborative focus at the state or local level to see if similar variation exists. The difference between state and local collaborations is even more striking than that between mandated and voluntary collaborations: very few (6%) state-level collaborations report having an impact on providers' compensation, while one-third (33%) of local-level collaborations do so.

Perhaps this is a result of local competition. When more highly trained providers are lured to higher paying jobs, less affluent children's programs suffer the two-fold effects of high turnover and lower quality. Local programs respond by finding innovative ways to remain competitive for the limited pool of qualified care and education providers, such as sharing training or using resources more effectively to allow greater funds for provider training and salary, as in the examples cited above. A second explanation arises from the administrative structure of the field. Salaries tend to be locally determined and set closest to the delivery point. Thus, no formal state unions or organizations exist in the administrative system to address salary increases for early care and education providers. Local collaborations, then, may have better access to the mechanisms

for determining provider salary and benefits than do state collaborations.

INFORMATION AND ADVOCACY

As indicated above, making information more widely available to parents, providers, and the public is an important goal for almost all collaborations. In fact, 90% of collaborations interviewed report that they have helped parents to be more informed about children's services; 72% have helped providers to be more knowledgeable about services; 67% have produced consumer information and/or created a data base on children's services; 61% have produced reports or surveys on early care and education; and 53% have promoted conferences and workshops on early care and education issues in their states or communities.

Not surprisingly, increased information can result in increased advocacy among early care and education constituents, a means by which collaborations can bring about broad revisions in children's services and delivery systems. The collaborations studied report promoting advocacy both among collaboration members and among parents and the general public. Almost half of all collaborations (47%) have members who frequently testify at legislative and/or government hearings. A collaboration whose members effectively testified against new child care regulations successfully blocked the adoption of inadequate regulations. Furthermore, many state regulations are being rewritten with input from collaboration members. Most collaborations (76%)

report that, as a result of their efforts, parents feel more of a bond to child care programs, and thus become more effective child care advocates. For example, a collaboration focusing on special needs children is co-chaired by a parent and parents co-chair each of the collaboration's committees, joining with special education professionals in the collaboration's advocacy efforts.

Some collaborations claim involvement in other advocacy efforts: approximately one-third have created and/or changed legislation (36%), regulations (31%), or have created a new government panel, advisory committee, or other body addressing child care issues (36%). Collaborations involved in such efforts also report such successes as establishing a permanent, bipartisan commission on child care within state government; establishing state task forces to examine child care delivery systems; and establishing state-supported resource and referral networks.

Additionally, some collaborations (32%) enhance advocacy among child care providers. For example, one collaboration has successfully encouraged and supported the formation of a providers' advocacy group and provides them with on-going technical assistance. As a result, the providers have successfully lobbied the state legislature for substantial additional funding for child care for special needs children.

Another collaboration interviewed is an especially clear illustration of the ways in which collaborative endeavors to increase information and advocacy can have beneficial effects on

children's services. The collaboration provides consumer information to parents through brochures and a data base on children's services and sponsors conferences for the public and for business leaders on work/family issues. Additionally, the collaboration's members frequently testify before the state legislature, resulting in the creation of a task force to revise child care regulations and a politically-appointed employers' group to address employer-sponsored child care options. The collaboration has encouraged the formation and support of parent and provider advocacy and support groups, and has produced reports on child care issues to raise public awareness. Finally, the collaboration has successfully advocated for increased state funding for child care subsidies.

Collaborations were analyzed by their characteristics to ascertain what kinds of collaborations appear to be most active in advocacy. As previously demonstrated, mandated collaborations are more likely to address legislation and government regulations. For activities related to provider advocacy and the creation of new child care committees and panels, however, some variation seems to occur between state and local collaborations. More state collaborations (42%) than local (33%) have created a new body, and more state (39%) than local (26%) have encouraged provider advocacy. However, most mandated collaborations are at the state level; and since the variation on these two hypotheses, albeit slight, favors mandated rather than voluntary collaborations, perhaps it may be concluded that mandated

collaborations are most likely to be active and effective in advocacy efforts. This supports the finding that mandate, when accompanied by broad-based political support, imbues collaborations with the power and authority to change early care and education systems.

## COST-EFFECTIVENESS

Collaboration may be a means of enhancing the cost-effectiveness of children's services in two main ways: (1) by allowing existing funds to be used more efficiently through eliminating duplicative services and (2) by accessing new funds through resource sharing or joint fund-raising efforts. Most collaborations report that as a result of their collaborative relationships, children's services use existing resources more effectively (83%); and some report that they have increased funding by private/public partnerships (19%). Distinct from the process hypothesis regarding business endorsement of collaborative work, this hypothesis addresses direct financial support of collaborative efforts.

One collaboration leader interviewed explained how the collaboration allowed existing resources to be used more effectively. In this organization, parents are offered support and parenting education through a collaboration member that is a social service agency. Another collaboration member provides physicals and, in some cases, primary medical care to children and families. A third member provides nutrition education to

parents. Thus, comprehensive services are offered freely as a result of collaborative relationships and greater funds are available to obtain materials, supplies, and equipment for its child care programs.

Another collaboration provides children with services through Head Start, Migrant Head Start, school-based prekindergarten programs, and subsidized child care programs. Regardless of sponsorship, children are mingled in centers and receive comparable services, and programs share facilities, transportation, supplies, equipment, and consultant services. Funds are pooled to buy high-cost items, like playground equipment, which are shared by collaboration members. The cost-effectiveness of such sharing leaves collaboration members with additional funds available to invest in provider training opportunities.

Other collaborations increase available resources by linking with the business community to supplement public with private funds. For example, one collaboration reports that it has established a pilot program to provide social services and parenting education to families with young children. Funds for the project were raised as a result of the collaboration's public education efforts, advocacy with local government, and initiatives creating public/private partnerships in which the business community engages in financial and political support of child care programs. Another collaboration links with the business community to administer a loan and grant program for day

care centers and family day care homes to upgrade and expand their programs, resulting in hundreds of new child care slots in this community.

Because fewer collaborations (19%) report that they have elicited funds from the business community to help support children's programs, this hypothesis was analyzed by collaborations' characteristics to determine what kinds of collaborations are most likely to have done so. Greatest variation occurs between state and local collaborations; whereas very few (13%) state collaborations report that they have elicited funds from the business community, almost half (42%) of local collaborations report that they have done so.

It is evident that success on this outcome hypothesis is related to attaining the process hypothesis of joint public/private membership in a collaboration. For local collaborations, which are more likely to include business leaders, corporate funding of early care and education services seems easier to attain. It may be concluded that private sector or business involvement in a collaboration is a necessary precursor to corporate funding of the collaboration's efforts.

The above discussion suggests that collaborations are making a difference to the early care and education field by improving quality, comprehensiveness, access, equity, information and advocacy, and cost-effectiveness. But for all their apparent accomplishments, collaborations remain rather fragile entities,

not benefitting from other work in the field or from syntheses or reflections on their craft. To that end, we turn to a discussion of the findings to discern implications for future work in hopes of improving practice and policy.

# CHAPTER VI

# DISCUSSION

The preceding findings warrant more elaborated discussion in four major areas: (1) the importance of context; (2) the viability of the conceptual framework as a guide for understanding the collaborative process; (3) the importance of two of collaborations' characteristics (origin and mission) to outcomes; and (4) the accuracy of common assumptions. Delineated below, these lessons form the basis upon which recommendations for practice, policy, and research are made.

## LESSONS ABOUT THE IMPORTANCE OF CONTEXT

While collaborations share much in common, there are also important differences that distinguish them. Some distinguishing variables are typically self-determined: goals, strategies, and timelines. Other variables, arising from the collaborative context, often pre-date the collaboration and influence it heavily. Three sets of contextual variables--historical-political, ideological, and geographical--dramatically influenced the collaborations studied.

Most collaborations share the desire to overcome decades of systemic pain and have been formed explicitly to diffuse the negative consequences of program fragmentation and service categorization. For example, not a single collaboration interviewed was content with the degree of interagency

cooperation that existed prior to the formation of the collaboration. Though formed with different specific goals, all collaborations are striving to overcome inefficient modes of operation bequeathed to them by inconsistent policies and regulations. In this sense, early care and education collaborations share a common broad motivation and a common historical-political context.

Upon closer scrutiny, though, the historical-political context of each collaboration varies from setting to setting, affecting each collaboration differently. For example, in some communities an abiding, if not renegade, commitment to local control prevails so that stringent regulations and federal funding guidelines that separate agencies and services are loosely interpreted. Off-the-record, and sometimes quite inventive, linkages have occurred for years. In communities where control is highly centralized, propensities for collaboration exist as well. In communities where resources have been mobilized for projects focused on collaboration, and where the efforts have been successful, a collaborative ethos may prevail. This is particularly true in communities where a strong Resource and Referral (R and R) agency or network exists. In communities of these types, support for new collaborative efforts is quite strong and broad-based, enabling collaborations to be launched with less difficulty.

A positive climate for collaboration seems to be accelerated in communities where local efforts are supported by state

commitments to cross-agency collaboration. This study found that the collaborative ethos is most strong when support exists at multiple levels of government and endures over time.

Florida is a good example. While not free from challenges, Florida has demonstrated a long-term commitment to collaboration, never fully disbanding its Child Care Coordinating Councils. Given this historic legacy, collaborations have been sustained throughout the state, fostering many local collaborations and the development of a state interagency cooperative agreement. Because of this long-standing commitment, Florida has been able to showcase exemplary collaborations to developing efforts, and knowledgeable leadership that had evolved at the local level was ready to assume broader responsibility as state initiatives expanded. While not the sole barometer of efficacy, a collaboration that is embedded in a historically and politically supportive context is more likely to thrive than one that is not.

Indeed, not all settings are conducive to collaboration. In some communities, a separatist philosophy prevails. Agencies have long histories of antagonism, with staff infrequently crossing agency lines for fear of social ostracism. Collaboration is inhibited by strict interpretations of legislation coupled with leaders who do not support collaboration as a vehicle to enhance service delivery. This separatist sentiment is fueled by deep-seated beliefs regarding the need for distinct power distribution among levels and branches of government. In these settings, collaboration is often frowned

upon because it complicates discrete agency accountability. In communities beset by this ethos, launching collaborations takes near-Herculean energy and effort. Leaders need to be of high status, and often initial goals are significantly tempered to accommodate the community's ambivalence about collaboration.

In addition to variables arising from the historical-political context of the community and state, the evolution of collaboration is influenced by a second context variable--national ideology. While ideological constraints are evidenced more strongly in some communities, all are affected by latent beliefs regarding independence and individualism. In a country that touts the supremacy of the individual and that has crafted its Constitution to preserve individual freedom, a commitment to collectivism, no matter how benign, counters deeply held values. Long ambivalent about our commitments to collectivism, America voices support for cooperation and collective enterprises in the abstract. Yet, as Grubb and Lazerson (1982) have pointed out, real collective efforts--the Amish, the Hasidic Jews, and the 1960s experimentalists--are considered deviant. Collaboration is not rewarded; in fact, competition--its antithesis--has been the medium of exchange, the means by which success is achieved in corporate and educational settings. Thus, collaboration is regarded as a foreign and ultimately insignificant construct. For example, our data indicate that collaborators are seasoned professionals familiar with the dilemmas of service delivery, but they report being considered "naive optimists," or individuals

who are "out of touch with reality." Until recently, collaborative work in this nation has been accorded little value within a culture at odds with its basic ideology.

A third context variable, geography, also influences the formation and implementation of collaboration. Though limited in number in our study, rural areas are generally receptive to collaboration. Whether this positive predisposition is motivated by an acute paucity of resources or by the social isolation felt by rural practitioners is unclear. Conversely, it is clear that rural collaborations have far more difficulty sustaining themselves. Logistics are cumbersome, communication is difficult, and funds are often limited. So, while rural collaborations are quick to form and usually reach consensus on goals with comparative ease, they are difficult to maintain.

In sum, there seem to be different receptivities for collaboration that take hold in communities. Motivated by historic inequities, many communities share intentions to redress these deep-seated practices, but some seem better able to commandeer the resources and support necessary for effective collaboration. Those communities most conducive to collaboration have overcome political barriers, have mustered the ideological support necessary to sustain collaborative efforts, and have a pre-existing or emerging ethos for collaboration that transcends the work of any single group. This study suggests that community and state context may be the most important single facilitator or inhibitor of collaboration.

## LESSONS ABOUT THE CONCEPTUAL FRAMEWORK

The conceptual framework provides a useful tool through which to understand the relationship between theory and practice in the field, as well as to refine our understanding of the collaborative process and the critical variables that mediate it.

We have learned that progression through the developmental stages is not necessarily linear or sequenced as anticipated. Often collaborations advance smoothly from one stage to another, only to be met by operational challenges that return them to the previous stage, creating a zig-zag pattern. Another non-linear pattern emerges because particularly robust collaborations are often engaged at multiple developmental levels concurrently. These different non-linear patterns and constant fluctuations between stages affirm the need for flexibility in practice and the cautious application of conventional developmental stage theory.

Despite the fact that much scholarly thought has been accorded the collaborative process and that there is fairly widespread academic agreement that collaborations pass through fairly predictable stages, practitioners are nearly oblivious to such theory. Embroiled with daily challenges, practitioners are typically unfamiliar with the literature. Consequently, little theory derived over the decades is being considered or applied. Not uncommon, this may be cavalierly disregarded as the normal schism between theory and practice. Yet, our experience suggests

that many collaborators feel they are "winging it" and welcome the theoretical knowledge to undergird their work. Desirous of broadening their understanding, most respondents are intrigued by our paradigm, wanting to know where they fit and how it can benefit their work. Like other predictive models, conservative use of stage theory can be helpful in anticipating, and planning for, challenges and/or events.

In addition to benefitting from understanding the developmental stages, the interviewed collaborations are very anxious to learn about mediating variables and their effects. Most concur that the four mediating variables we identified--resources, power and authority, goals, and flexibility--are indeed critical. Yet, few understand which variables seem to affect which types of collaborations most directly.

While our data are not conclusive, trends that yield helpful information have emerged, particularly regarding the first mediating variable, resources. Recall that we found that a vast majority of service-oriented collaborations at the local level and at the state level (93% and 89%, respectively) have stable operating funds, in striking contrast to only 43% of the system-oriented collaborations at the state level. These data suggest that stable funding for service-oriented collaborations is far more frequent. By recognizing, first, the importance of resources to success and, second, that grave resource disparity distinguishes service and system collaborations, practitioners can make appropriate choices of mission, perhaps contouring a

combined service-system agenda that might ensure more stable funding. This finding is also important for private-sector funders. Recognizing the comparative ease with which service collaborations are funded might encourage private funders to support equally worthy system efforts.

In addition to confirming the value of <u>having</u> resources, the study also suggests that different ways of <u>using</u> resources are critical. More durable and productive collaborations often share or pool resources with their collaborative partners. Many confidentially but proudly report this, indicating that they are doing so despite warnings from funding sources. The parties involved acknowledge that such sharing binds collaboration members in more meaningful and permanent ways, alluding to suggestions in the literature that the purest form of collaboration exists when resources are shared equally. While our data did not investigate financing mechanisms sufficiently to comment on the importance of EQUAL resource sharing, we feel confident that some resource sharing is a preliminary indication of a strong collaboration and merits more detailed examination.

The study also suggests that, indeed, the pace of collaborative activity is influenced by the distribution of power and authority--the second mediating variable--among collaborative partners. In the majority of collaborations studied, the originator/s of the collaboration have remained involved. In contrast, in about 20% of the collaborations, the originator or "godfather" is no longer actively involved and leadership has

devolved to other individuals. "Godfather retreat," while beneficial in that leadership is shared and burnout avoided, also has weaknesses. Often when the godfather withdraws from an active, visible role, the clout of the collaboration is questioned and the commitment of significant parties is diminished. To circumvent these dilemmas, the godfather, though no longer the official leader, remains visibly involved. To practitioners, this suggests that leadership turnover critically influences collaboration and that it may be prudent to discern mechanisms to keep powerful initiators involved, if only tangentially.

Further, it suggests that notions about shared leadership, so much discussed in the literature (Gamm, 1983), warrant attention. In this study which included a specific hypothesis and specific questions about shared leadership, we found it to be an infrequent practice. Where it exists, shared leadership takes three forms: (1) "godfather retreat" often perpetuates informal shared leadership because the godfathers retain authority and respect, often being the power behind the throne; (2) in some collaborations spawned by P.L. 99-457, parents and staff co-chair the collaboration; and (3) some collaborations are being established with "rotational" leadership that alternates between state agencies from year to year. Rotational and power-behind-the-throne leadership appear to be variants of the pure form of shared leadership advocated in the literature and, as such, merit more attention. We suspect that shared leadership, whether in

pure or adulterated form, is a strong correlate of collaborative success.

Agreement on common goals and the presence of flexibility--the third and fourth mediating variables--were affirmed as factors that dramatically influence the pace and quality of outcome. Nearly all the collaborations surveyed indicate that their first task was to achieve real consensus on common goals. In so doing most collaborations, particularly service and dual-mission collaborations, established goals distinct from other agencies in the community or state, thereby minimizing turf issues. Despite suggestions in the literature that all successful collaborations will have goals distinct from other groups, we found that system collaborations are less likely to do so. This affirms differences between system and service collaborations, and suggests that system collaborations may necessarily have broad and overlapping goals, further complicating their work.

Collaborations of all kinds indicate that no matter how firm the goal agreement at the outset, early goals are routinely challenged, making goal reassessment an on-going necessity. Many collaborations also indicate that they are strengthened by goal disagreement, early "fiascos," or aborted efforts. These seem rather routine and, difficult though they are, provide important growth lessons for the collaborators. Resiliency and flexibility--often noted as critically valuable characteristics of leaders and of the collaboration itself--are associated with

the collaboration's successful survival. Thus, while goal consensus is important, it may be even more important for collaborations to be flexible about goals, and to expect that, no matter how well-crafted, the collaboration's "goal resiliency" will be tested.

In sum, the conceptual model advanced proved instructive in that it provided a framework for our inquiry. Indeed, collaborations do pass through common developmental stages and the pace of that movement is dramatically affected by the four mediating variables identified. In particular, the constructs of resource and power sharing, enunciated in the literature, warrant more investigation in the field. Moreover, it became apparent that these variables, like others, are powerfully mediated by context. Collaborations don't all begin from equal starting points. Contextual variables give some collaborations real advantages and disadvantage others. To accommodate these lessons, the conceptual model must be reformed to acknowledge the role of context and the degree to which pre-existing factors influence collaborative processes and outcomes. This may be accomplished by adding a preformation stage to the model as it exists, but a definite decision awaits further study.

## LESSONS ABOUT COLLABORATIONS' CHARACTERISTICS AND OUTCOMES

Turning from an emphasis on process, we now address the lessons learned about the relationship between specific characteristics of collaborations and their outcomes, which have

potential implications for policy. Given the nature of our findings, we will discuss two characteristics: origin, or the differential effects of mandated or voluntary origin on outcome; and mission, the differential effects of service or system mission on outcome.

Mandated vs. Voluntary Collaborations

In decades past, most studies of collaboration did not address differences between mandated and voluntary collaborations because the majority of collaborations were voluntary. Since that time, legislation has mandated the formation of many more collaborative entities. For example, the federal special education legislation under the Education for the Handicapped Amendments of 1986 (P.L. 99-457) requires states to establish interagency councils and to develop a coordinated statewide system for early intervention. Interagency planning is required as a condition of support under the federal Stewart McKinney Act, which provides funds for the homeless, and under the National Institute of Mental Health CASSP grants. The far-reaching Family Support Act of 1988 also requires states to implement education and training programs and to provide child care, necessitating greater coordination among welfare, employment, training, child care and education agencies. Furthermore, the Comprehensive Child Development Centers Act of 1988 makes $19.1 million dollars available in each of the next five years for selected localities to provide comprehensive services to low-income families with

infants. Such pervasive mandates can no longer be ignored, particularly given the current optimism that is precipitating an even greater call for mandated collaborations.

Two divergent perspectives are often associated with mandate. On the one hand, it is often assumed that mandate will accelerate the accomplishment of desired goals. In this interpretation, mandates are characterized as desireable, if not necessary. On the other hand, mandates are considered extraneous to the real advent of change. McLaughlin (1989) summarizes this sentiment well, indicating that "policy can't mandate what matters." This school of thinking suggests that what really matters to successful implementation is local capacity and will, highly idiosyncratic ingredients beyond the reach of universal policy (Bruner, 1989).

Our analysis of mandated and voluntary collaborations enabled us to explore these dichotomous perspectives. And, in fact, we found that mandates can be helpful, even though policy does not mandate what matters. While mandates do not guarantee success and while the precise impact of mandate varies from state to state, and locale to locale, they seem to foster the formation of new collaborations and help legitimize the concept, particularly at the state level. Recall that the majority of voluntary collaborations in this study exist at the local level, in contrast to mandated collaborations that tend to be state focused. This split is understandable; voluntary collaborations are likely to emerge at the local level because there immediate

problems demand attention; there is no need to wait for the force of mandate. Further, because legislative mandate is crafted typically for a state rather than a single municipality or a region, or is the outgrowth of federally-funded, state-administered efforts, mandate has become accurately associated with state-level collaborations.

Because they are more robust than anticipated and likely to proliferate, mandated state-level collaborations deserve special mention. First, state mandated collaborations are highly idiosyncratic in mission. Many are directed at creating links among various committees in the state legislatures, presuming that legislation crafted by joint committees will be more efficacious and less categorical. Often state-level activities take the form of interagency collaborations. Sometimes working independently, and sometimes in tandem with local collaborations, these state-level efforts often stimulate regulatory or system-wide changes. Occasionally, they will sponsor demonstration efforts or provide resources for innovative, multi-faceted programs. Others work to realign dollars from treatment to prevention or to configure financing systems so that service integration may be more easily accomplished. Confirming recent literature (Fuhrman & Elmore, 1990), the study also indicated the important synergistic relationship between state and local efforts. Each strongly influences the other, contrary to the often perceived uni-directional flow of control from state to local organizations.

Second, though different in aims, state-level mandated collaborations nearly all share a common structure; they are nearly always ring collaborations wherein representatives from various agencies and organizations participate. Most often the ring structure has been mandated by legislation. However, the study indicates that this single structure is not necessarily the most effective given the diverse aims of the collaborations. In fact, this analysis suggests that the ring structure may be most effective for system-oriented collaborations while the spoke structure is more effective for service-oriented collaborations. It is the mission of the collaboration that should dictate structure, not whether the collaboration is voluntary or mandated, the predominant case currently.

As has been gathered from the findings regarding the conceptual framework, goal setting is an important collaborative activity that affects the ultimate success of the collaboration. Mandate may impose goals for the collaboration, often generated in response to a particular need, depriving collaboration members of the opportunity to craft their own agenda. While few collaborators disagree with the stated goals, many feel that mandate impedes the range of work undertaken and thus has a negative impact on both quantity and quality of outcomes. For example, some collaborations formed in response to meet the needs of children and families in crisis become so treatment oriented that they lose sight of prevention opportunities. Conversely, practitioners express concern that sometimes the mandated goals

are so broad that the collaboration is nearly "doomed" to failure.

Mandate has also been perceived to be an inhibitor of membership flexibility. Many mandated collaborations do not have representatives of both the private and public sectors. While many collaborators realize that private sector involvement can help elicit financial and political support, few feel they have sufficient flexibility to accommodate such representation.

Determining goals, creating comfortable and appropriate structures, and self-determining membership are advantages of voluntary collaborations. Ideally, the function of mandate would be to recapture some of the flexibility that exists in voluntary collaborations, while providing legitimacy and financial support. The dilemma is that financial support is accompanied by accountability, generating an inevitable conflict between legitimate program need for flexibility and legitimate public need for accountability. How can maximum flexibility be accorded those publicly supported efforts that must be held accountable to government?

In the case of collaborations, we need to assess if mandates are likely to enhance or inhibit the collaboration's effectiveness. Our analysis suggests that mandates serve two important start-up functions that may positively affect outcome: 1) legitimizing the collaborative endeavor; and 2) catalyzing energy for the issues addressed by the collaboration. In cases where funding and resources accompany the mandate, the mandate

provides an important third function--supporting the collaboration. However, these functions may, paradoxically, also have negative effects; since these important tasks often occur in the early stages of collaboration, mandates often short cut the natural events that solidify a group and thus may deprive members of important early activities that affect collaborative relationships and, ultimately, outcomes. The mandate therefore not only alters the timeline of the developmental process but the very process itself.

This is not to suggest that mandates should be eliminated. Quite the contrary, mandates are particularly helpful in early stages and in bringing recalcitrant parties together. Our data suggest that it might be wise to conceptually recontour mandates so that they offer maximum <u>support</u> at start-up and maximum <u>flexibility</u> during implementation. Mandates should accord more flexibility in membership and in structure. Moreover, while mandates should specify broad goals, fine-tuning should be left to the collaborators.

Finally, this study indicates that the impact of mandate varies with the weight accorded it by its creators. If mandate is created with little real outcome intended, then the field is left with the facade, but not the power, of mandate. Advocates and policymakers need to guard against this because it leads to inevitable failure of the collaborative enterprise. Our work provides insights into some collaborations where mandates are merely facades, and do not provide the substance or the support

for the intended work. Dangerous because such efforts exploit well-intentioned people and create a sense of ineffectiveness, collaborations without muscle or besieged by false intent should be curtailed. Successful mandates are accompanied by flexibility, resources, and solid intent.

System vs. Service Collaborations

System and service-oriented collaborations vary dramatically. While their goals are not incompatible, service and system collaborations have very different missions and move at different paces. Designed to address immediate needs and to improve tangible services, service collaborations often chart more circumscribed tasks that are more easily accomplished than those undertaken by system-oriented collaborations. Not at all less significant than collaborations engaging in systemic change, service collaborations have the benefit of being reinforced by repeated accomplishments. Feedback is more immediate, gratification quicker, and impact more visible, each motivating the collaboration to take further action. Conversely, system collaborations' accomplishments tend to be longer in process, more abstract, and less visible. Sometimes, systemic reforms are also more controversial and, in their accomplishment, alienate members or groups, thus fragmenting, rather than strengthening, the collaboration.

Consequently, our work first suggests that system collaborations may be most effective when they combine a dual

focus on service and system work. This enables the collaboration to experience the success and to garner the financial support associated with accomplishing more circumscribed tasks, while sustaining commitments to broader systemic reform. Further, if such a dual mission is envisioned and activities are accordingly crafted, the service work can help inform system efforts and vice versa. Examples of this interface were apparent in our study and seemed quite promising.

Second, the difficulty of the tasks undertaken by system collaborations, coupled with the fact that they are less well-supported financially and often less stable, suggests that empirical attention and support should be accorded system-oriented efforts. To launch them without recognition of the more difficult tasks they entail, disservices system efforts.

Most importantly, "second generation" studies of collaboration need to carefully discern among service, system, and dual-mission efforts. Though it is inviting to homogenize all collaborative efforts, thereby making them appear more robust, striking differences beckon their distinction. Service collaborations need to be explored as discrete entities with their own challenges, timelines, processes, and outcomes. How does a service collaboration maintain multiple projects? When is it appropriate to spin off collaborative activities so that they become community enmeshed? Does devolving ownership diminish the collaboration's effectiveness? How does devolution take place, with what consequences for the community and for direct services?

Similarly, system collaborations face unique problems that alter the pace with which they navigate the developmental stages. Though their goals are quite clear, enabling them to pass through early stages with comparative ease, system collaborations have longer timeframes demanding prolonged investments of time and energy at the implementation stage. Their difficulty in commandeering stable financial support suggests that much implementation time is also spent gathering new resources to sustain the collaboration, thereby delaying implementation even more. Evaluation is also delayed. In short, system collaborations move through the developmental stages more slowly.

Because of their differences in goals and timing, our analysis reveals that service and system collaborations establish different benchmarks of success. Service collaboration indices are not only more tangible and visible, but more immediate. Lacking these, system collaborations often establish "proxy" measures of success: a meeting jointly sponsored, an advocacy position taken. Less apparent and definitive immediately, the proxy accomplishments of system collaboration may reap untold benefits in the future. Not holding service and system collaborations accountable to the same outcome standards is critical, as is discerning different but equitable ways to evaluate the performance of different types of collaborations. This study has made eminently clear that service and system collaborations, each making important contributions, must be understood and investigated as distinct but equally powerful

entities.

## LESSONS ABOUT THE ACCURACY OF COMMON ASSUMPTIONS

Listening to practitioners who have implemented successful collaborations and working with policymakers who currently regard collaboration as a social panacea, maintaining objectivity regarding the potential of collaboration is a challenge to even the most objective of researchers. To dispel the charge of bias, we conclude our discussion by demystifying three common assumptions regarding the potential of collaboration: (1) that collaborations can meet the non-stop revolution of rising expectations; (2) that collaboration is always a "win-win" scenario; and (3) that a perfect collaborative strategy or model exists.

### The Non-Stop Revolution of Rising Expectations

In many ways, collaborations offer a dangerous optimism. Unlike the "change agent" projects of the 1960s and 1970s in which external experts came in to change a "hostile" and "unmalleable" system, collaborative efforts put the problem and the solution in the hands of those most vested in change. Recognizing the faults of the external change agent strategy, now well-documented in the literature, the collaborative participant strategy appears to counter previous mistakes. Current thinking suggests that when empowered and responsible for charting their own destiny, people do rise to the challenge. Consequently,

collaborative efforts imbue participants with full responsibility.

In so doing, expectations of collaborative participants are raised, though not always met in practice. Sometimes the magnitude of the problem and its imbeddedness in the political or organizational context is not recognized by over-zealous collaborators. Sometimes resources and structure, imposed externally, do not match the specified tasks. And sometimes unpredictable events--union strikes, ousted incumbents--alter the best laid collaborative efforts. What few understand is that collaboration is a micro-strategy subjected to macro-events.

This sense of rising expectation is clearly evidenced in responses from parents. On balance, while most parents are satisfied with services rendered by the collaboration, they become less satisfied with community services. Shocked out of false complacency, they become aware of program inadequacies and injustices, and often levy expectations far out of proportion to what can realistically be accomplished by the collaboration.

Visioning realistically and understanding that collaborations address problems that are chronic rather than acute, and systemic rather than peripheral, readies optimistic participants and policymakers for inevitable set-backs. Expectations must be realistic and circumscribed. Collaborations will not convert historic national euphoria for individualism to collectivism; they will not eradicate generations of social inequities; they will not transform social service delivery.

Rather, they are reducing fragmentation; they are helping to make services more accessible for some children and parents; and they are bringing a modicum of coherence to policy and planning. Our data reveal that successful collaborations recognize the dangers attendant to false expectations and maintain equilibrium and ability to think broadly, but realistically. They do not mistake volume for significance of activity or mission.

The "Win-Win" Scenario

Advocates of collaboration suggest that one of its strongest selling points is that it is always a win-win scenario. With representatives of different groups engaging in joint goal and strategy setting, collaborations create the aura of egalitarianism. Some manage to achieve this.

But not all do. As we have pointed out, inherent contextual and status inequities exist and others are exacerbated by collaborative work. Repeatedly, we heard that when Boards of Education enter into collaborative arrangements with child care and Head Start, they are perceived as, and often are, the automatic power-holders. Little that is done by earnest school collaborators ("going the extra mile," "making contributions") dissipates the inequity. Non-school personnel continue to report that there are simply "silent boundaries" that are not penetrated and "sacred cows" that are not discussed. In effect, collaborations are engaged in the challenge of reconciling a seemingly equitable process with inherent inequities brought to

the table by various players and agencies. Collaborations can become zero-sum games with power, services, and resources remaining inequitably distributed.

Understanding that all collaborations may not eventuate in a win-win scenario for all players is not sufficient. Collaborators need to be sensitive to the potential losers and find vehicles to compensate for inequitable rewards that might ensue from the collaboration. Helping collaborators see beyond their own agencies and turf is difficult in a bureaucratic context that rewards players for their dogged adherence to advancing single-agency aims. Helping people relinquish cherished and hard-fought-for turf for the common good is not easy. Collaborations need help understanding and dealing with the inevitable win-no-win situations that favor the whole over a particular agency. Above all, we must come to grips with the knowledge that an improved system, not an improved agency or individual, is the goal.

The Existence of a Perfect Strategy/Model

The collaborative experience in early care and education supports Tocqueville's observation that Americans love to create institutions. We seem to do so at the drop of a hat. Without doubt, collaborations are addressing many systemic and service challenges, but they are also creating another institutional layer, albeit seemingly far more informal and less costly. In several states, collaborations have proliferated so rapidly under

so many auspices that mega-collaborations are being developed and the position of coordinator of collaborations is being considered. Order is needed as collaborations proliferate.

Equally important as expansion in number of collaborations is expansion in variety. Recalling the adage that many roads lead to Rome, there are many modes of collaboration. The lesson learned from the study is not that collaborative strategies can be adopted or adapted in other locales, but that collaborations are discrete entities, microscopic reflections of the community and/or state ethos in which they sit. Such mirroring of the extant culture suggests that collaboration is the inevitable and idiosyncratic interaction of the immediate climate--resources and capacity--and the historic receptivity to collaboration. As such, collaborations remain an infinite number of unique enterprises.

For true believers in transportability of innovation or for advocates of adaptation as a change strategy, this is not good news. How much easier it would be if common barriers could be extracted from the experiences of others or if "how-to" templates could be created for speedy replication. How lovely if the key ingredients of collaborations could be specified (as were program variables in demonstration programs) and then adapted in various locales. This is not the case. Collaborations are unique from the ground up: when maximally effective they reflect community attitudes, values, and ways. To expect commonality by overlaying national goals or mandating strategies is too simplistic an understanding.

Collaborations must be valued not for their applicability or transportability to other settings, but for their ability to empower localities and states to construct mechanisms to meet their needs. Discrete examples of backward-mapping, of learning from practice to inform policy, collaborations are vehicles to understand how new institutional players and exciting organizational connections not routinely acknowledged in policy can be formed. Collaborations are not conventional strategies. As such, they both afford the opportunity and demand that we think about practice, policy, and research in innovative, even unconventional, ways.

## CHAPTER VII

## CONCLUSION AND CONSIDERATIONS

The 1990s mark a critical juncture in the evolution of services for children and families. The era resembles the past in that a desire to improve human services and a marked enthusiasm for change prevails. It is distinguished from the past in that current efforts are bolstered by unequivocal data that anticipate increased need for services and that demonstrate the efficacy of such intervention. While past decades were characterized by a sense of naive optimism and a commitment to social experimentalism, the 1990s are hallmarked by a solid data base but a weak fiscal base, along with a sense of continued urgency to improve social systems.

Beyond children and families, this is a time of significant change for our nation. Characterized by dichotomies, we simultaneously face economic globalization externally and the economic bifurcation of American society internally. We play a pre-eminent integrative role in the world order while internally the segregation of people and services runs rampant. "Incipient poverty," "the permanent underclass,"--concepts unknown a decade ago--are part of the national nomenclature.

Presaged by the reality of changing needs, by the stunning realization of systemic inadequacies, and by the knowledge that we know how to intervene effectively programmatically, there is an undeniable readiness to move from programmatic to systemic

change. Whether dubbed the educational reform movement, social service case management, or service integration strategies, America has shifted its thinking from individual services to broader, more global perspectives.

Near the vortex of these disparate efforts, collaboration has emerged as one recurrent theme. It has been discussed as the cornerstone of organizational innovation, school change, social networking, and welfare reform. Operationally less well-understood than specific program strategies, collaboration has been the 1990s experiment. In all sectors of the economy, in all geographic regions of the nation, collaborations have been implemented. Without much cross-fertilization, they have crafted approaches that seem to be working fairly well. And, building largely on experience in the voluntary sector, public policy has responded by including provisions for collaboration in legislation.

Despite the flurry of activity, collaboration, too, is at a critical turning point. These highly idiosyncratic efforts can be left to their own devices. Without additional analysis or support, they can continue essentially as social experiments, reminiscent of the 1960s. Some will be successful and leave legacies for future generations to ponder. Alternatively, we can systematically attempt to glean lessons from the evolving natural laboratory of collaborations. With support, America can garner lessons from its collaborative pioneers that may be useful as human services in this country are inevitably reshaped and

expanded.

This study adopts the latter stance. It found that valuable efforts are underway to bring the child care and early education fields and the services rendered by those fields into greater harmony. Specifically, it sought to uncover successful collaborations, those that are making a difference to children and families. With this phase of the search complete, we have identified many effective collaborations, 72 of which are described more fully in Chapter VIII.

More important than the questions they answer, the collaborations herein raise important considerations for future work. We offer these considerations for practice, for research, and for policy with the understanding that our collective knowledge is far from perfect and with the anticipation that collaborative enterprises are likely to flourish in this pivotal, albeit turbulent, era.

## CONSIDERATIONS FOR PRACTICE

### Training for Collaborative Work

That so many of the collaborators interviewed are seasoned professionals, experienced in their fields, reveals important information about the level of sophistication demanded by collaborative work. Effective collaboration involves complex skills and finely-tuned sensitivities. Unfortunately, few of the institutions that prepare individuals to work with young children

focus sufficient attention on the roles these emerging professionals will need to play with other adults: parents, colleagues, subordinates, and bosses. Adult interaction, a cornerstone of collaborative work, is all but neglected. Lacking formal training in how to collaborate, adults turn to role models or to past experiences that have been successful. Typically, little in their own educational experience--which rewards competition over cooperation--prepares them for collaboration. Given this state, it is not surprising that many collaboration leaders are not from the early care and education fields directly; a large number have been trained as social workers and have had political experience with diverse and often acrimonious groups.

To that end, consideration must be given to providing in-service training and to restructuring pre-service training for early care and education professionals to accommodate a more collaborative ethos.

Establishing Mechanisms for Information/Experience Sharing

Anxious to glean information about other collaborations, respondents repeatedly lament their isolation from colleagues facing similar challenges. Correctly, they express frustration that they are "reinventing the wheel," or "flying by the seat of their pants." Because their needs are so immediate and challenges complex, collaborators would benefit from opportunities to share successes, fiascos, and above all, lessons

learned.

Beyond the desire for affinity support, their pleas for information sharing also reflect the lack of practitioner access to solid training regarding collaboration. While theory, however imperfect, has developed around organizational innovation, it has not penetrated practice, reinforcing the need for scholars and practitioners to come together to learn from one another.

Affirming the Content of Pedagogy

Making training available is only part of the challenge; the training must be appropriate to need. We suspect that in the realm of collaboration, early care and education practice is ahead of theory. That is not to negate the value of applied theory, but it suggests that the content of collaborative pedagogy should be reexamined for its applicability to early care and education and to current context. For example, the demonstration strategy (with its inherent commitment to specific models) used so frequently in early childhood may be totally inappropriate in collaborative settings with their highly idiosyncratic goals and missions. Moreover, we need to assess whether the pedagogy amassed regarding systems change is appropriate in early care and education, a field that has never conceptualized itself as a unified system. It may well be that new theories more appropriate to the era may be found in practice.

### Assessing the Real Value Accorded Collaboration

Double-speak prevails in the collaborative field. On the one hand, collaborations proliferate; on the other, latent, and perhaps justified, skepticism is prevalent. Converting rhetorical commitments to collaboration to dollar investments has been a difficult challenge, made more so by the absence of empirical data attesting to the efficacy of collaboration. Collaborations need to chronicle and publicize their successes. In addition to these informal evaluations, more formal empirical research is warranted to answer policymakers' legitimate questions regarding the viability of the collaborative process.

## CONSIDERATIONS FOR RESEARCH

### Research Regarding Context

The impact of contextual variables, many that pre-dated the collaboration, is strikingly apparent in our analysis. The need to refine the conceptual model, emphasizing preformation stages, reflects this concern. More specifically, future research must more thoroughly explore conditions that precipitate collaboration, including accelerators for and obstacles to collaboration that pre-date the establishment of specific collaborative mechanisms. The role of individuals (political losers and winners) and institutions (particularly the media) must be systematically investigated. Subtle boundaries that are established in the preformation stages must also be explicated.

As indicated earlier in this document, the relationship between mandated and voluntary origin has proven to impact the collaboration and should be rigorously studied, as well.

Research Regarding Process

While our findings about leadership confirm the importance accorded it in the literature, we need clearer understandings regarding the role of egalitarian leadership. Is this essential to an effective collaboration? And if so, how is such egalitarian power-sharing reached? Moreover, how do collaborations deal with transitions in leadership? What mechanisms sustain effective involvement of the retired "godfather" most effectively?

The role of resources, particulary financial resources, needs elaboration. In some few cases, finances, while helpful, were not entirely necessary. Why? Why does the sharing of resources seem to affect the durability and effectiveness of the collaboration? Can effective collaborations be sustained without resource allocations? Are funded system collaborations as effective as their equally funded service counterparts? Are there more cost-effective ways to achieve the gains made by collaborations? What are they?

The role of collaborative players has piqued considerable interest in the literature and in practice. While generally presumed that collaborations should be as broadly representative as possible, we found that many, particularly those that are

state mandated, do not include the corporate sector. What, in addition to the lack of corporate funding, are the possible consequences of this omission? How does membership turnover affect the collaboration? What is the relationship between other member variables (enthusiasm, commitment, tolerance for frustration, burnout) and process?

Research Regarding Outcome

This study did not assess child or family outcomes directly. Though extremely difficult, we suggest that future analyses investigate the relationship between successful collaborations and successful child and family outcomes.

Sufficient data generated from this study suggest that dual-mission collaborations may circumvent the dilemmas associated with either pure service (such as narrowness of focus) or pure system collaborations (such as inadequate funding). We suggest that additional investigation be focused on dual-mission collaborations to discern the veracity and implications of this finding.

Although three structural forms (ring, spoke, and spiral) were identified in this study, additional work is needed to uncover the relationship between structure and outcome. Several collaborations have dual structures, suggesting that specific structures may be appropriate for different tasks undertaken by the collaboration. Understanding why collaborations consciously alter their structures is important, as is garnering more

information about spiral collaborations. Still somewhat enigmatic, spiral collaborations may represent the highest form of collaboration, the epitome of service integration, or simply the triumph of one agency's will over that of others.

## CONSIDERATIONS FOR POLICY

### Mandating What Matters

In closing, we return to the theme posited by Milbrey McLaughlin, "Policy can't mandate what matters." We concur. But policy can set the stage to enable those conditions that matter to take root. For example, policy can't mandate that teachers show affection to young children, but it can keep ratios sufficiently appropriate so that such interactions are fostered. Policy can't mandate the spark of enthusiasm that ignites collaborative activity, but it can provide incentives that encourage practitioners to collaborate. It can remove regulatory barriers and funding constraints that inhibit collaboration. We encourage states and the federal government to reexamine all legislation related to young children and their families to consider eliminating barriers that impede collaborative activity.

### Clarifying the Mandate

In addition to examining extant child- and family-related legislation, states and the federal government should revisit legislation requiring collaboration. Our work suggests that

overly-stringent mandates, particularly federal mandates, can impede the collaborative process. Recognizing the need for guidelines and accountability, we suggest that policymakers consider mandates that have two stages, those for start-up and those for implementation.

Discerning Community and State Capacity

In many communities, R and R's are serving as extremely effective catalysts for collaboration in early care and education. Our work suggests that given their central role in the community, they may be precisely the mechanisms to carry out collaboration. More analysis is needed to discern how this could be effected, but the possibility is very real, and would allay policymakers' concerns about adding another layer of bureaucracy to the already complex system. The precise conditions under which R and R's could and should assume this role warrants investigation. Other agencies having the capacity to render such services should also be assessed. Any such analysis must be undertaken with sensitivity to the differing capacities and interests of individual agencies and to the different cultures extant in communities and states.

The Need for a Data Base and Accountability

Save a few foundation studies on collaboration, our knowledge of current efforts is extremely limited. In large part this has been due to collaborations' voluntary nature. However,

as policy investments in collaborative activities mount, maintaining more systematic and updated information will help policymakers and practitioners. We do not recommend that a separate data base be established for collaborative efforts in early care and education. We do recommend that as state data bases are created, management information systems incorporate information about the degree to which centers or programs are engaged in collaborative work. This should be done as a part of routine information gathering procedures. From the social support literature, we know that individuals who are more closely networked survive crises with greater equanimity. We suspect this might also be true for centers or programs that are engaged in collaborative work. Collecting such data would not only provide a richer picture of collaborative efforts underway, but would provide a vehicle for information sharing across working collaborations.

For policymakers reluctant to allocate funds for collaboration because they are unsure of its direct and indirect costs, such a data base would be extremely useful in tabulating expenditures related to collaboration. Ultimately, if such efforts proved cost-effective, this might assuage policymakers' concerns regarding the efficacy and accountability of collaborative, cross-agency efforts.

Further Segregating Services for At-risk Children

Mandated collaborations are currently being advanced in

legislation targeted at at-risk children, and consequently the collaborations being established serve primarily, and sometimes exclusively, at-risk youngsters and families. Ironically, such efforts may exacerbate the segregated services they are hoping to eliminate. Current and proposed legislation must accelerate the development of collaborations that span agencies serving all young children. To perpetuate collaboration among poverty-oriented agencies only minimizes the integrative potential of the collaborative enterprise.

Conceptualizing Services for Young Children as a Single System

Steiner (1981) has suggested that there never will be a cohesive policy for children and families; policy is many causes with many votaries. While true historically, we need to assess whether that need be the case in perpetuity.

Led by adroit practitioners who make street policy daily, we are coming to understand that the enmeshed needs of children and families call for enmeshed services and linked systems. Certainly, the transition from piecemeal policy making, replete with its piecemeal apparatus of separate committees, separate jurisdictions, and reward systems that foster separate departmental accomplishments, will be slow. Nonetheless, a more holistic orientation is taking hold.

* * *

We conclude this report with an accolade and a caution. We are heartened to have seen so many diverse collaborative efforts, led by so many wise and caring individuals, taking hold throughout the nation. At times springing up in fertile environments with ease prompted by unmitigated need, at times evolving only after months or years of exhausting efforts to overcome apathy and resistance, these collaborations strike out on a new path. Braving skepticism and a host of restrictions--inadequate funding, constrictive regulations--they are taking action to improve the delivery of early care and education services. They are responding to the complexity of the problems of today's families and the related need for complex--collaborative--solutions. Much of this report has been devoted to telling the story of their successes, which range from the stunning--the creation of family-oriented legislation, the restructuring of providers' compensation packages--to the simple--the sharing of lesson plans or equipment. What this report cannot capture are the voices of the many people who spoke with us--their pride, their frustration, and above all, their passion.

But we would be remiss not to follow this accolade with a caution. As Mies van der Rohe, that eminent reshaper of environments reminds us, the heart of scientific inquiry is objective, responsible judgment. Thus, we have not sought to blindly praise or unjustly condemn collaboration, but to responsibly investigate it as a means of improving the delivery

of care and education services to young children and their families. We must conclude by reminding the reader that collaboration is a strategy--an effective one--but it is not a panacea. To have created this impression would be a disservice both to those who laud collaborations and to those who question them. We encourage policymakers to support collaboration, but also to recognize that it remains a blunt instrument, in need of support if it is to alleviate the challenges at hand. As they support collaboration, we encourage policymakers and our research colleagues to explore multiple avenues to achieve more effective services. Together, we need to consider an array of inventive policy strategies to complement collaborative work being undertaken throughout the nation. We must understand collaboration as a single instrument in the large tool box that is awaiting utilization as we rebuild America's system of services to more effectively meet the needs of young children and their families.

## REFERENCES


Benard, B. (1989). Working together: Principles of effective collaboration. Prevention Forum, 10(1), 4-9.

Black, B. J., & Kase, H. M. (1963, March). Interagency co-operation in rehabilitation and mental health. Social Service Review, 37(1), 26-32.

Brewer, G. D., & de Leon, P. (1983). The foundations of policy analysis. Chicago: Dorsey Press.

Bruner, C. (1989). Is change from above possible? State-level strategies for supporting street-level services. Paper presented at the Association for Public Policy Analysis and Management, Alexandria, VA.

Committee for Economic Development. (1987). Children in need: Investment strategies for the educationally disadvantaged. New York: Author.

Council of Chief State School Officers. (1989). Success for all in a new century. Washington, DC: Author.

Dillman, D. A. (1978). Mail and telephone surveys: The total design method. New York: John Wiley and Sons.

Dunkle, M., & Nash, M. (1989, March 15). Creating effective interagency collaboratives. Education Week, 8(25), 44.

Flynn, C. C., & Harbin, G. L. (1987). Evaluating interagency coordination efforts using a multidimensional interactional, developmental paradigm. RASE, 8(3), 35-44.

Fuhrman, S. H., & Elmore, R. F. (1990). Understanding local control in the wake of state education reform. Educational Evaluation and Policy Analysis, 12(1), 82-96.

Gamm, L. D. (1983). Interorganizational relations and the management of voluntary health organizations. In M.S. Moyer (Ed.), Managing voluntary organizations: Proceedings of a conference held at New York University (pp.25-43). Toronto, Ontario, Canada.

Gardner, S. (1990). Failure by fragmentation. Equity and Choice, 6(2), 4-12.

Grubb, W. N., & Lazerson, M. (1982). Broken promises: How Americans fail their children. New York: Basic Books.

Hord, S. M. (1986). A synthesis of research on organizational collaboration. Educational Leadership, 43(5), 22-26.

Kagan, S. L., Lonow, D., & Levin, J. (1989). Study of early care and education collaborations in three states. Unpublished manuscript.

Kagan, S. L. (1990). United we stand: A review of the collaboration literature. Manuscript submitted for publication.

Kamerman, S. B., & Kahn, A. J. (1990). Social services for children, youth and families in the United States. [Special issue]. Children and Youth Services Review, 12(1-2).

Levy, J. E., & Copple, C. (1989, February). Joining forces: A report of the first year. Washington, DC: National Association of State Boards of Education.

Lippitt, R., & Van Til, J. (1981, July-December). Can we achieve a collaborative community? Issues, imperatives, potentials [Special issue]. Journal of Voluntary Action Research, 10(3-4), 7-17.

McLaughlin, M. W. (1989). The Rand Change Agent Study ten years later: Macro perspectives and micro-realities. Paper presented at the American Educational Research Association Conference, San Francisco.

Morgan, J. (1985, April). Putting the pieces together: Making interagency collaboration work. Preschool interagency council: A model. Tallahassee: Florida State Department of Education. (ERIC Document Reproduction Service No. ED 296 507)

National Academy of Sciences, National Research Council, Commission on Behavioral and Social Sciences and Education, Committee on Child Development Research and Public Policy, Panel on Child Care Policy. (1990). Who cares for America's children? Child care policy for the 1990s. Washington, DC: National Academy Press.

National Conference of State Legislatures. (1989). Child care and early childhood education policy: A legislator's guide. Denver, CO: Author.

National Governors' Association. (1987). The first sixty months: The next steps. Washington, DC: Author.

Schorr, L. (1988). Within our reach: Breaking the cycle of disadvantage. New York: Anchor Books.

Schwartz, T. A. (1981, December). An inquiry into relationships between human services agencies: Danville (VA) (Research Report 81-107). Charlottesville: University of Virginia. (ERIC Document Reproduction Service No. ED 215 196)

Steiner, G. Y. (1981). The futility of family policy. Washington, DC: Brookings Institution.

APPENDIX A

EARLY CARE AND EDUCATION COLLABORATION PROJECT

WORKING HYPOTHESES

1. Hypotheses Regarding Process

Collaborations that are successful will have:

a. stable operational funds in addition to in-kind support;
b. a leader who is perceived as objective and effective;
c. clearly agreed-upon missions, objectives and strategies;
d. established formal and informal communication mechanisms;
e. compositions that are representative of the community;
f. support from business and political leadership;
g. the capacity to provide direct (training, technical assistance) and indirect (information) services;
h. missions clearly differentiated from those of existing agencies and organizations; and
i. joint public/private membership.

2. Hypotheses Regarding Outcomes

The better implemented the collaboration, the more likely:

a. Services for children will:
    1. be more equitably distributed;
    2. use resources more effectively;
    3. be better planned and coordinated;
    4. be more consistently regulated within a community;
    5. be more effectively utilized;
    6. be of higher quality;
    7. have more effective communication and transitions among programs.

b. Parents will:
    1. be better informed;
    2. feel a stronger bond with early care and education services; and
    3. be more satisfied with community services.

c. Early care and education providers will:
    1. be more effective advocates;
    2. experience less competition across systems;
    3. be more equitably compensated;
    4. have more training options; and
    5. be more knowledgeable about the range and nature of services in their community.

3. Hypotheses Regarding the Interaction of Process and Outcome

a. The better implemented the collaboration, the greater the likelihood of successful outcomes.
b. The longer the collaboration is in operation, the grater the likelihood of successful outcomes.
c. The more stable the staff, the greater the likelihood of successful outcomes.
d. The more authority vested by state or local governments and the more authority to target resources, the greater the likelihood of successful outcomes.

APPENDIX B

EARLY CARE AND EDUCATION COLLABORATION PROJECT

CONCEPTUAL/DEVELOPMENTAL FRAMEWORK

The conceptual framework undergirding this project is premised on two propositions; first, all collaborations, like children, pass through predictable developmental stages as they mature to full identity and potential. Second, just as the pace and trajectory of children's development is dramatically influenced by personal and environmental variables, so too are the predictable stages of collaborative development dramatically influenced by mediating variables. Thus, the uniqueness of each collaboration, like the uniqueness of each individual, emerges from the interaction of universal developmental stages and the specific mediating variables.

The Developmental Stages

Ascribing stage theory to the development of collaborations is not new. Throughout the literature, scholars, though varying in their precise definitions, have sought to explain the process in this way (Brewer & de Leon, 1983; Flynn & Harbin, 1987; Lippitt & Van Til, 1981). Most proximal to our understanding of the evolution of collaboration is a six stage process that amalgamates the work of the above theorists:

1. Formation: The idea of the collaboration is born in response to the recognition or identification of a problem. The problem is "legitimized" through sharing with others, and "stakeholders" are identified and recruited to the collaboration.

2. Conceptualization: Collaboration participants build consensus and work out turf issues by developing a mission statement, adopting formal objectives, and defining members' tasks, roles, and responsibilities. An administrative structure and decision-making model are crafted for future interagency activities.

3. Development: The vision and the formal mission are now transformed from philosophy to practice. The group begins to identify programs for revision or expansion. A locale is selected for the collaboration, a work plan is created, a communication system established, and strategies developed for carrying out the collaboration's objectives.

4. Implementation: The collaboration's work plan is actualized. Decisions made during the earlier stages are now carried out at the administrative and service delivery levels. Necessary policy changes are made, agencies interact according to the agreed-upon

structures, and, ideally, services are improved.

5. Evaluation: The collaboration's efficacy is assessed by comparing actual performance levels to expectations. If discrepancies exist, the collaboration attempts to ascertain whether they arise from inadequacies in formation, conceptualization, or implementation. luation may take place at various levels and typically incorporates four dimensions: effectiveness (relationship between goals and actual results), equity, adequacy of resources, and cost efficiency.

6. Termination: Decisions based on evaluation are made regarding the collaboration's continuation and reformation. If change is indicated, a new collaboration may be developed from the roots of the old. This may be accomplished by replacement of the old structure with a new one; consolidation of successful structures and elimination of outmoded ones; or the implementation of program adjustments to reflect the changing environment.

The Mediating Variables

Most, if not all, collaborations experience similar developmental stages, but the pace and trajectory will vary and will be strongly influenced by an array of mediating variables. Mediating variables, like developmental stages, are universal, but unlike the stages, their impact varies greatly by particular setting and by collaboration. It is the nature and intensity of each mediating variable interacting with the developmental stages that yields such a diversity of collaborations. Variables seem to include, at a minimum, goals, resources, power and authority, and flexibility.

Goals: There is little disagreement about the importance of common goals to the success of a collaboration. Some groups may fully agree on goals from the beginning, but more commonly, the formal goals adopted by the group are the product of many conflicting sub-goals that are reconciled through consensual processes. Achieving consensus is not always simple, however, as it may involve altering the scope and/or the nature of the collaboration's initial goals. It can be further complicated and constrained by organizational factors, such as the existence of constituencies whose demands are not easily reconciled, or the existence of a board of directors and/or governmental guidelines that lessen freedom of choice regarding goals and operational strategies. Thus, goal setting and consensus both affect and are affected by the collaboration's participants, structure, and organizational context.

Resources: Both the quantity of resources available and the way they are shared are fundamental to the collaborative process. For example, a lack of resources may inhibit collaboration by increasing interagency competition and hostility, or it may catalyze collaboration by propelling organizations into

collaboration with others that are resource-rich. Some agencies collaborate to make resources more abundant through sharing; others collaborate to make better use of existing resources. Resource sharing may be conceptualized on a continuum that varies by collaboration. At one end of the continuum are informal or person-dependent relationships; at the other end are formalized organizational relationships or even consolidation, when a new entity is created out of the resources of the participants. Thus, both the quantity of resources and the methods of resource sharing may affect collaborative structure and efficacy.

Power and Authority: Another critical mediating variable of collaborations is the distribution of power and authority among the members of the collaboration and the collective power of the collaboration when compared with other collectives. Power dynamics may be influenced by whether the collaboration is a voluntary group, has been created in response to a legal mandate, or whether formal interagency agreements have been established.

In a collaborative enterprise, power emanates from many sources. One important source is determined by who has access to or control over resources. Expertise and information are potent sources of power. Being the initiator of a collaboration is an additional source of power because an agency may select participants who, in turn, shape the identity of the group and choose the model or strategies by which the collaboration will function.

The way power and authority are shared among group members affects the collaborative process. The collaboration may be characterized by a "directive" leadership style, in which power is centralized in one individual or group of individuals, with participants accorded greater or lesser authority based on their hierarchical standing within their own agencies and within the collaboration itself. By contrast, in a "facilitative" leadership model, participants assume control over those activities for which they have expertise, but no single expertise is considered better or more powerful than any other. The group's leader assumes authority only as given by subordinates and delegates responsibility (and thereby power) for the final product to those who produce it. Thus, power and authority may be influenced by both internal (type of leadership, role of initiating agency) and external (voluntary or mandated initiation) factors.

Flexibility: The flexibility a collaboration accords itself and its members both defines and influences the collaborative process. It enables collaborations to monitor and respond to the changing nature and scope of problems, and permits participants to react to shifting boundaries among themselves and changing internal structures and role assignments. Internal changes experienced by a member organization or by the collaboration itself, such as staff turnover or funding loss, also necessitate

a fluid organizational structure if the collaboration is to survive.

Utility of the Conceptual/Developmental Framework

Finally, though the process of all collaborations can be explained by this conceptual or developmental framework, further investigation must pursue how the process--the interaction of the developmental stages and the mediating variables--affects outcomes. For example, how does unequal distribution of power among members of the collaboration affect its ability to accomplish its goals? Do collaborations rich in resources at the outset perform more effectively than those with more limited resources at the outset or in total? Only when linked with outcome data, will the conceptual model reach its full potential. Without effects data, it is nonetheless a helpful tool to engender a common predictable framework that both guides inquiry and facilitates understanding.

APPENDIX C

EARLY CARE AND EDUCATION COLLABORATION PROJECT

Nominations of Collaborations to be Included in Study

Coded by Nominating Source, with:

| | |
|---|---|
| Blue | - NAEYC |
| Red | - Head Start |
| Green | - Departments of Education |
| Orange | - NBCDI |
| Yellow w/ Black | - APWA |
| Yellow | - Misc. |

YALE BUSH CENTER
EARLY CARE AND EDUCATION COLLABORATION PROJECT

NOMINATION OF COLLABORATION

TO BE INCLUDED IN STUDY

COLLABORATION NAME _____

STATE _____

CONTACT PERSON _____

ADDRESS _____

_____

_____

_____

PHONE _____

OBJECTIVES/ROLES _____

_____

_____

_____

AGENCIES/PROGRAMS _____

_____

_____

_____

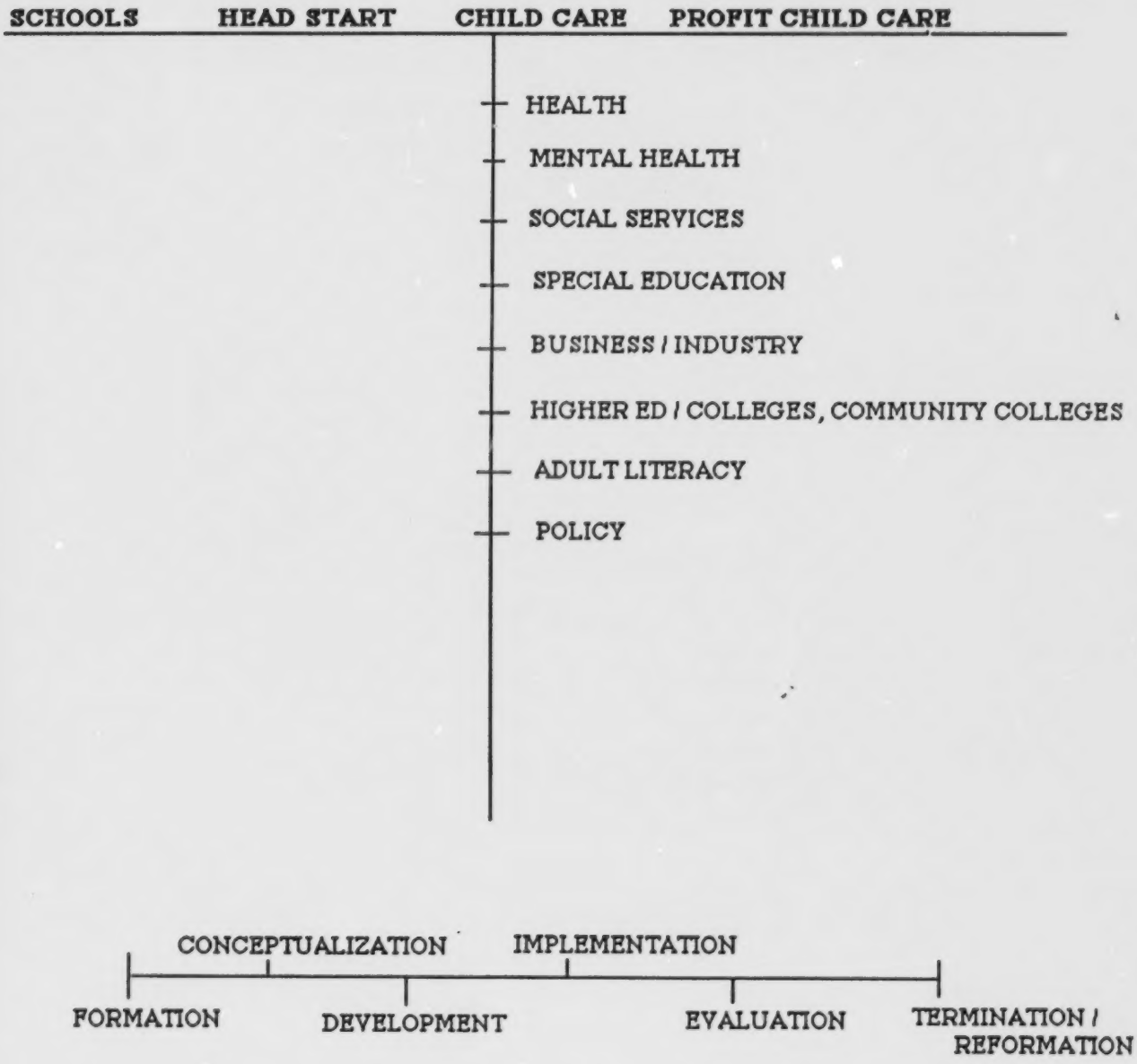
SOURCE OF NOMINATION _____

(ADDRESS/PHONE) _____

_____

_____

APPENDIX D
"T" AND DEVELOPMENTAL GRAPH



## EARLY CARE AND EDUCATION COLLABORATION PROJECT

### TOTAL OPERATIONAL NOMINATIONS RECEIVED

| | SYSTEM | SERVICE | SYSTEM SERVICE | TOTAL |
|---|---|---|---|---|
| High Complexity | 15 | 28 | 14 | 57 |
| Medium Complexity | 34 | 69 | 41 | 144 |
| Low Complexity | 6 | 36 | 9 | 51 |
| TOTAL | 55 | 134 | 64 | 252 |

(Chart1)

## STATES REPRESENTED

(3) Alabama
(7) Alaska
(6) Arizona
(2) Arkansas
(10) California
(10) Colorado
(6) Connecticut
(4) Florida
(1) Georgia
(2) Hawaii
(1) Idaho
(5) Illinois
(3) Iowa
(6) Kansas
(10) Kentucky
(14) Maine
(1) Maryland
(20) Massachussetts
(7) Michigan
(12) Minnesota
(1) Mississippi
(6) Missouri
(5) Montana
(5) Nebraska
(1) Nevada
(4) New Hampshire
(9) New Jersey
(4) New Mexico
(10) New York
(13) North Carolina
(4) North Dakota
(6) Ohio
(4) Oklahoma
(4) Oregon
(8) Pennsylvania
(6) Rhode Island
(3) South Carolina
(1) South Dakota
(9) Texas
(1) Utah
(2) Vermont
(1) Virginia
(2) Washington
(5) Washington, D.C.
(3) West Virginia
(4) Wisconsin
(1) Wyoming

| CATEGORY | POPULATION SERVED LOCAL ALL | LOW | SPEC | STATE ALL | LOW | SPEC | NOMINATING SOURCE NAE | YC | MIS | CI | DOE | INBCD | I | AP | WA | TH | S | POPULATION SERVED ALL | LOW | SPEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| System high (15) | 1 | 0 | 0 | 7 | 4 | 3 | 7 | | 3 | 4 | 1 | 0 | | 0 | | | | 8 | 4 | 3 |
| Service high (28) | 25 | 13 | 7 | 0 | 0 | 3 | 1 | | 6 | 9 | 1 | 0 | | 11 | | | | 5 | 13 | 10 |
| System\Service high (14) | 4 | 0 | 2 | 6 | 1 | 3 | 2 | | 5 | 6 | 0 | 0 | | 1 | | | | 8 | 1 | 5 |
| System medium (34) | 3 | 0 | 0 | 18 | 5 | 8 | 10 | | 5 | 16 | 3 | 0 | | 0 | | | | 21 | 5 | 8 |
| Service medium (69) | 51 | 31 | 6 | 18 | 7 | 4 | 6 | | 18 | 25 | 1 | 5 | | 14 | | | | 21 | 38 | 10 |
| System\Service medium (41) | 24 | 6 | 8 | 17 | 5 | 5 | 7 | | 8 | 13 | 1 | 5 | | 7 | | | | 17 | 11 | 13 |
| System low (6) | 0 | 0 | 0 | 6 | 1 | 0 | 1 | | 3 | 1 | 0 | 1 | | 0 | | | | 5 | 1 | 0 |
| Service low (36) | 28 | 8 | 6 | 8 | 5 | 2 | 2 | | 13 | 14 | 0 | 3 | | 4 | | | | 15 | 13 | 8 |
| System\Service low (9) | 2 | 0 | 0 | 7 | 7 | 0 | 0 | | 5 | 1 | 0 | 3 | | 0 | | | | 0 | 9 | 0 |
| TOTAL | 138 | 49 | 60 | 114 | 51 | 35 | 36 | | 66 | 89 | 7 | 17 | | 37 | | | | 100 | 95 | 57 |

NOMINATIONS CHOSEN FOR INTERVIEWS 1/90

| | System | Service | System/ Service | Total |
|---|---|---|---|---|
| High Complexity | 12 | 13 | 12 | 37 |
| Medium Complexity | 12 | 13 | 12 | 37 |
| Total | 24 | 26 | 24 | 74 |

Chart3

## STATES REPRESENTED 1/90

(1) Alaska
(1) Arizona
(1) Arkansas
(2) California
(1) Colorado
(1) Connecticut
(1) Florida
(1) Idaho
(2) Illinois
(2) Iowa
(3) Kansas
(1) Kentucky
(3) Maine
(7) Massachusetts
(1) Michigan
(3) Minnesota
(3) Montana
(1) Nebraska
(1) Nevada
(1) New Hampshire
(4) New Jersey
(3) New York
(5) North Carolina
(2) North Dakota
(4) Ohio
(3) Oregon
(4) Pennsylvania
(2) Rhode Island
(1) South Carolina
(4) Texas
(1) Vermont
(2) Washington
(1) Wisconsin
(1) Wyoming

Chart4

## NOMINATIONS CHOSEN FOR INTERVIEWS

| CATEGORY | POPULATION SERVED LOCAL ALL | LOW | SPEC | POPULATION SERVED STATE ALL | LOW | SPEC | NOMINATING SOURCE N | EYC | MISC | IDOE | NBCDI | AP | NATHS | POPULATION SERVED ALL | LOW | SPEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| System high (12) | 1 | 0 | 0 | 11 | 4 | 2 | 5 | 3 | 3 | 1 | 0 | 0 | 1 | 6 | 4 | 2 |
| Service high (13) | 12 | 6 | 2 | 1 | 0 | 1 | 0 | 3 | 4 | 1 | 0 | 5 | 1 | 4 | 4 | 5 |
| System\Service high (12) | 4 | 0 | 2 | 8 | 1 | 1 | 2 | 4 | 5 | 0 | 0 | 1 | 1 | 3 | 1 | 3 |
| System medium (12) | 0 | 0 | 0 | 12 | 4 | 2 | 2 | 4 | 4 | 2 | 0 | 0 | 1 | 6 | 4 | 2 |
| Service medium (13) | 8 | 7 | 1 | 5 | 3 | 1 | 2 | 1 | 5 | 0 | 3 | 2 | 1 | 1 | 10 | 2 |
| System\Service medium (12) | 7 | 2 | 0 | 5 | 1 | 3 | 2 | 2 | 3 | 1 | 2 | 1 | 1 | 6 | 3 | 3 |
| TOTAL | 32 | 15 | 5 | 42 | 13 | 10 | 13 | 17 | 24 | 5 | 5 | 9 | 1 | 31 | 28 | 15 |

APPENDIX F

YALE BUSH CENTER
EARLY CARE AND EDUCATION COLLABORATION PROJECT

COVER PAGE

Collaboration Name _____

Location _____

_____

_____

Contact Person _____

Telephone # _____

SEND COPY OF PROTOCOL Y _____ N _____

SEND COPY OF STUDY RESULTS Y _____ N _____

FOLLOW-UP RE: SUPPLEMENTARY INFO. Y _____ N _____

| INTERVIEWER | DATE | TIME CALL PLACED | TIME CALL TERMINATED | RESULT |
|---|---|---|---|---|

INTRODUCTION

Hello, this is _____ from the Bush Center for Child Development and Social Policy at Yale University. May I speak with _____? [IF PERSON IS UNAVAILABLE, LEAVE NAME, BUSH CENTER #, AND ASK FOR A GOOD TIME TO CALL BACK. RECORD THIS UNDER "RESULTS."]

[ONCE YOU HAVE REACHED THE CONTACT PERSON]

Hello, (Ms./Mr./Dr.) _____? My name is _____. I'm calling from the Bush Center for Child Development & Social Policy at Yale University. The Center is presently working on a study of collaborative efforts in early child care and education, and we are contacting exciting collaborations to gather information about how they work. We have learned about you and [Collaboration] from [person]. Have you received our letter about this project?

[IF NO, REPEAT WHAT IS IN LETTER. . .WHETHER YES OR NO, CONTINUE]

Can I answer any questions for you about the study or the Bush Center?

[AFTER ANSWERING QUESTIONS]

Would you be willing to participate in this study?

When would it be possible for us to schedule a 30-minute interview to gather information about the work of [Collaboration]?

[SCHEDULE CALLBACK AND NOTE ON COVER SHEET UNDER "RESULTS."]

Before then, would you like us to mail you a copy of the questions you'll be asked? It's not necessary for you to review the questions, but we'd be happy to provide them to you should you wish to look them over.

[IF RESPONDENT WANTS A COPY OF PROTOCOL, NOTE ON COVER PAGE.]

Okay, then we'll speak again on [DAY], [MONTH/DATE] at [TIME]. In the meantime, should you have any questions or wish to discuss the study further, please feel free to call me at (203) 432-4577.

Thank you for your time, and I look forward to talking with you again.

CHILDREN

I have some additional questions for you regarding ways you may have improved the early care and education experience for children. [ASK ONLY QUESTIONS THAT HAVE NOT BEEN ADDRESSED BY RESPONSENT IN ANSWER TO QUESTION 4.]

5. a) When programs are educational in nature, do you ensure that curricula meet some minimum criteria? What are these criteria? or b) Have you addressed quality of services to children, by means of advocacy or other activities?

6. How have you increased or expanded programs or services to meet the needs of children?

7. Have you created any new programs or services to meet children's needs? Please tell me about them.

8. Some groups are addressing issues of racial and socioeconomic integration. Have you increased access to early care and education programs for all groups?

9. What other steps have you taken to more equitably distribute services to children?

PARENTS

I'd like to know a little more about how parents have been affected by the collaboration. [ASK ONLY QUESTIONS THAT HAVE NOT BEEN ADDRESSED IN ANSWER TO QUESTION 4.]

10. a) Have you encouraged parental involvement in early care and education programs? If so, how? or b) How have you helped raise public awareness about early care and education issues? c) How do parents feel about the work of your collaboration?

11. How have you improved parents' ability to get to the services and programs they need? For example, have you increased transportation availability in your state or community?

12. How have you increased parents' knowledge about the services and programs available to them and how to get involved with these services?

13. What have you done to make services affordable to parents? For example, have you instituted scholarships? A voucher system?

STAFF/EARLY CARE PROVIDERS

I'd like to hear more about your work in the area of staff development. [ASK ONLY QUESTIONS THAT HAVE NOT BEEN ADDRESSED IN ANSWER TO QUESTION 4.]

14. Do you address the quality of staff of early care and education programs and services? For example, do you offer or have you encouraged staff development opportunities for providers?

15. We know that, in early care and education, staff turnover is extremely high. What have you done to address this?

16. How have you helped early care and education providers become aware of and actively involved in political efforts to improve services to children?

17. a) Are staff in different programs offered equitable training opportunities? or b) Have you done anything to make training opportunities more equitable for early care and education providers?

18. a) Are staff in different programs compensated equitably? or b) Do you address provider compensation issues through advocacy or other activities?

## PART 1 - OUTCOMES

The first set of questions I'll be asking you concern the collaboration's goals and accomplishments - the issues that brought you together, your successes, your stumbling blocks, the kinds of changes you've made for children, parents, staff, and programs.

1. When was the collaboration initiated and what groups, agencies, and services are involved?

2. How did the collaboration come about? Was there a mandate involved?

3. What were your original goals and objectives? Are they different now?

4. What have you done toward these goals? What difference do you feel the collaboration's work has made to children, parents, staff, and programs?

COLLABORATIVE PROGRAMMING

Finally, I'm interested in hearing more about just how programs work together and what the benefits of working together have been. [ASK ONLY QUESTIONS THAT HAVE NOT BEEN ADDRESSED IN ANSWER TO QUESTION 4.]

19. [SYSTEM] When children move between programs, is there continuity of experience for them? For example, do you encourage coordination of curricula and activities between early care and education programs?

20. [SERVICE] What transitions are offered to children as they move between programs?

21. Have you created a cross-agency data base on children served and services provided?

22. Many collaborations address comprehensiveness of services provided. For example, they encourage agencies to offer more than one service, such as some form of child care and perhaps some form of health care. What have you done to increase comprehensiveness of services to children?

23. Have you revised or implemented regulations to ensure comparability between programs? Please describe the regulations and how they affect services.

24. Have you implemented any sharing of resources - including staff, facilities, and funds - between programs or between members of the collaboration?

25. Has the collaboration itself or its programs participated in common buying of goods or services?

26. Have you any method of assessing the needs of your community so that you can create or plan services to meet these needs?

27. Do you coordinate the planning and siting of programs?

28. Do you collectively plan how to administer new funds when they become available?

PART 2 - HISTORY & STRUCTURE

HISTORY/CONTEXT

Now I'd like to get some facts about the collaboration's history, the context in which you work, and how you work.

29. Under what administrative aegis do you operate and what, if any, funding do you receive?

30. What other resources - such as staff and facilities - are available to you?

31. [LOCAL] Please describe your area. Is it rural, urban, suburban, or some combination?

31. [STATE] Please describe your state. Have you large urban centers? Rural areas?

32. Have there been any recent, major events in your [LOCAL - community] [STATE - state] that are affecting your work, such as severe fiscal constraints, an epidemic, the failure of a major business, a natural disaster?

MEMBERSHIP/STUCTURE

33. I'm interested in hearing just how your collaboration works. For instance, what are the number and functions of the committees or subcommittees? How often do they meet? What informal communication mechanisms do you have, such as newsletters?

34. I'm interested in how long your members have been with the collaboration, whether they come from the private or public sector, whether they are volunteers, how representative the membership is of [LOCAL - the total community] [STATE - your state], and any other characteristics that you feel affect their contributions to the collaboration.

35. How is leadership handled? Do you have one key person, or is leadership shared among members in some way? How do you make and agree upon decisions?

36. What, if any, mechanism do you have in place for evaluating the success or failure of the collaboration's efforts?

37. If you have been able to evaluate the collaboration's work thus far, have you any plans for revision or reformulation of the collaboration's objectives, structure or methods?

APPENDIX G

EARLY CARE AND EDUCATION COLLABORATION PROJECT

FINAL HYPOTHESES

HYPOTHESES RELATED TO THE PROCESS OF COLLABORATION

Collaborations that are successful will have:

a. stable operating funds and/or in-kind support;
b. a leader who is perceived as objective and effective;
c. clearly agreed-upon mission, objectives and strategies;
d. established formal and/or informal communication links;
e. membership that is representative of the community;
f. support from business and/or political leadership;
g. provision of direct and/or indirect services;
h. missions clearly differentiated from those of existing agencies and organizations;
i. joint public/private leadership.

HYPOTHESES RELATED TO THE OUTCOME OF COLLABORATION

Collaborations that are well implemented will more likely have:

a. Children's services that will:

   1. be equitably distributed;
   2. use resources more effectively;
   3. be better planned and coordinated;
   4. have more consistent regulations within a community;
   5. be more effectively utilized;
   6. be of higher quality;
   7. have more effective communication and transitions among programs.

b. Parents who will:

   1. be better informed;
   2. feel a stronger bond with early care and education services;
   3. be more satisfied with community services.

c. Early care and education providers who will:

   1. be more effective advocates;
   2. experience less competition across systems;
   3. be more equitably compensated;
   4. have more training options; and
   5. be more knowledgeable about the range and nature of services in their community.

d. System collaborations that are well implemented will have products or activities that may include but are not necessarily restricted to the following:

1. created and/or changed legislation;
2. survey or report on the state or condition of children's services;
3. training and/or education;
4. conferences, workshops, seminars, etc.;
5. consumer information, data base of services, etc.;
6. funds for demonstration projects;
7. models of service delivery;
8. created and/or changed government regulations;
9. funding from business community;
10. members testify regularly at legislative and/or governmental hearings;
11. "how to" manual or publication on collaboration;
12. instrumental in establishing a new governmental council, panel, advisory committee, etc.

## APPENDIX H

Developmental Lines of Collaboration

APPENDIX I

YALE BUSH CENTER
EARLY CARE AND EDUCATION COLLABORATION PROJECT

Analysis of Telephone Interview

COLLABORATION: _____

CONTACT: _____

UNIQUE OR SPECIAL CHARACTERISTICS
OF COLLABORATION:

WORKING HYPOTHESES:

Process

Collaborations that are successful will have:

a) stable operational funds in addition to in-kind support.

Question 2 -

Question 29 -

Question 30 -

Question 32 -

b) a leader who is perceived as objective and effective.

Question 35 -

c) clearly agreed-upon missions, objectives and strategies.

Question 3 -

Question 37 -

d) established formal and informal communication mechanisms.

Question 21 -

Question 33 -

e) compositions that are representative of the community.

Question 31 -

Question 34 -

f) support from business and political leadership.

Question 2 -

Question 34 -

g) the capacity to provide direct (training, technical assistance) and indirect (information) services.

Question 6 -

Question 7 -

Question 12 -

Question 21 -

Question 22 -

h) missions clearly differentiated from those of existing agencies and organizations.

Question 2 -

Question 3 -

i) joint public/private membership.

Question 34 -

Outcomes

The better implemented the collaboration, the more likely:

a) services for children will:

1) be more equitably distributed.

Question 6 -

Question 7 -

Question 8 -

Question 9 -

2) use resources more effectively.

Question 13 -

Question 24 -

Question 25 -

Question 27 -

Question 28 -

3) be better planned and coordinated.

Question 22 -

Question 26 -

Question 27 -

Question 28 -

4) be more consistently requlated within a community.

Question 23 -

5) be more effectively utilized.

Question 6 -

Question 7 -

Question 9 -

Question 12 -

Question 22 -

6) be of higher quality.

Question 4 -

Question 5 -

7) have more effective communication and transitions among programs.

Question 19 -

Question 20 -

Question 21 -

b) Parents will:

1) be better informed.

Question 12 -

2) feel a stronger bond with early care and education services.

Question 10 -

3) be more satisfied with community services.

Question 10 -

c) Early care and education providers will:

1) be more effective advocates.

Question 16 -

2) experience less competition across systems.

Question 15 -

Question 17 -

Question 18 -

Question 24 -

Question 25 -

Question 27 -

Question 28 -

3) be more equitably compensated.

Question 18 -

4) have more training options.

Question 14 -

5) be more knowledgeable about the range and nature of services in their community.

Question 21 -

d) System collaborations that are well implemented will have products or activities that may include but are not necessarily restricted to the following:

1) created and/or changed legislation.

2) survey or report on the state or condition of children's services.

3) training and/or education.

4) conferences, workshops, seminars, etc.

5) consumer information, data base of services, etc.

6) funds for demonstration projects.

7) models of service delivery.

8) created and/or changed legislation.

9) funding from business community.

10) members testify regularly at legislative and/or governmental hearings.

11) "how to" manual or publication on collaboration.

12) instrumental in establishing a new governmental council, panel, advisory committee, etc.

Analysis of Data

APPENDIX J

EARLY CARE AND EDUCATION COLLABORATION PROJECT

ANALYSIS OF QUESTIONS AND HYPOTHESES

CRITERIA FOR "YES"

PROCESS

Collaborations that are successful will have:

a. stable operating funds and/or in-kind support
(MUST HAVE "YES" ON Q29 OR Q30)

b. leader who is perceived as objective and effective
(MUST HAVE "YES" Q35)

c. clearly agreed-upon mission, objectives, and strategies
(MUST HAVE "YES" Q3)

d. established formal and/or informal communication mechanisms
(MUST HAVE "YES" Q3)

e. comprehensive representation of community
(MUST HAVE "YES" Q34)

f. support from business and/or political leadership
(MUST HAVE "YES" ON Q2 OR Q34)

g. provision of direct and/or indirect services
(MUST HAVE "YES" ON AT LEAST ONE QUESTION)

h. mission clearly differentiated from those of existing agencies or organizations
(MAY ANSWER "YES" OR "NO" OR "INSUFFICIENT INFORMATION")

i. joint public/private membership
(MUST HAVE "YES" Q34)

OUTCOMES

Collaborations that are well implemented will more likely have:

a. services for children that will:

1. be more equitably distributed
(MUST HAVE "YES" ON Q8 OR Q9)

2. use resources more effectively
(MUST HAVE "YES" ON AT LEAST TWO QUESTIONS)

3. be better planned and coordinated
(MUST HAVE "YES" ON AT LEAST ONE QUESTION; ALSO INCLUDE Q21)

4. consistently regulated within a community
(MUST HAVE "YES" ON Q23)

5. be more effectively utilized
(MUST HAVE "YES" ON Q9 OR Q12)

6. be of higher quality
(MUST HAVE "YES" ON Q4 OR Q5)

7. have more effective communication and transitions among programs
(MUST HAVE "YES" ON AT LEAST ONE QUESTION)

b. parents who will:

1. be better informed
(MUST HAVE "YES" ON Q12)

2. feel a stronger bond with early care or education services
(MAY ANSWER "YES" OR "NO" OR "INSUFFICIENT INFORMATION")

3. be more satisfied with community services
(MAY ANSWER "YES" OR "NO" OR "INSUFFICIENT INFORMATION")

c. early care and education providers who will:

1. be more effective advocates
(MUST HAVE "YES" ON BOTH PARTS OF Q16)

2. experience less competition across systems
(MUST HAVE AT LEAST ONE "YES")

3. be more equitably compensated
(MUST HAVE "YES" Q18)

4. have more training options
(MUST HAVE "YES" ON Q14)

5. be more knowledgeable about range and nature of services in their community
(MUST HAVE "YES" ON Q21; MAY CONSIDER "YES" ON Q4 IF MENTION OF RESOURCE & REFERRAL, PARENT INFO ON SERVICES; MAY CONSIDER "YES" ON Q14 IF REFERS TO TRAINING ON AVAILABILITY AND NATURE OF SERVICES PROVIDED)

d. System collaborations that are well implemented will have products or activities that may include but are not necessarily limited to the following:
(MUST HAVE AT LEAST TWO "YESES")

1. created and/or changed legislation;

2. survey or report on the state or condition of children's services;

3. training and/or education;

4. conferences, workshops, seminars, etc.

5. consumer information, data base of services, etc.

6. funds for demonstration projects;

7. models of service delivery;

8. created and/or changed government regulations;

9. funding from business community;

10. members testify regularly at legislative and/or governmental hearings;

11. "how to" manual or publication on collaboration;

12. instrumental in establishing a new governmental council, panel, advisory committee, etc.

APPENDIX K

EARLY CARE AND EDUCATION COLLABORATION PROJECT

Hypotheses Regarding the Process and Outcome of Collaboration

Frequencies and Percentages

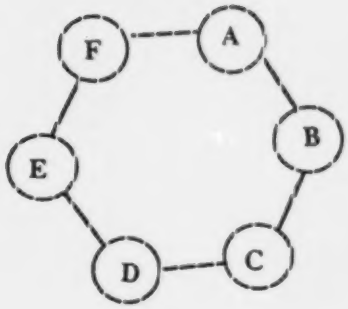
| Hypothesis | Yes | | No | | II* | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| PROCESS HYPOTHESES (N=72) | | | | | | |
| a. stable operational funds and/or in-kind support | 57 | 79 | 15 | 21 | | |
| b. a leader who is perceived as objective and effective | 69 | 96 | 3 | 4 | | |
| c. clearly agreed-upon mission, objectives and strategies | 69 | 96 | 3 | 4 | | |
| d. established formal and/or informal communication links | 70 | 97 | 2 | 3 | | |
| e. membership that is representative of the community | 63 | 88 | 9 | 12 | | |
| f. support from business and/or political leadership | 70 | 97 | 2 | 3 | | |
| g. provision of direct and/or indirect services | 68 | 94 | 4 | 6 | | |
| h. missions clearly differentiated from those of existing agencies | 52 | 72 | 15 | 21 | 5 | 7 |
| i. joint public/private membership | 45 | 63 | 27 | 37 | | |
| OUTCOME HYPOTHESES | | | | | | |
| Children's services will: (N=56) | | | | | | |
| 1. be equitably distributed | 40 | 56 | 32 | 44 | | |
| 2. use resources more effectively | 60 | 83 | 12 | 17 | | |
| 3. be better planned and coordinated | 56 | 78 | 16 | 22 | | |
| 4. have more consistent regulations within a community | 29 | 40 | 43 | 60 | | |
| 5. be more effectively utilized | 60 | 83 | 12 | 17 | | |
| 6. be of higher quality | 45 | 67 | 24 | 33 | | |
| 7. have more effective communication and transitions among programs | 50 | 69 | 22 | 31 | | |
| Parents will: (N=56) | | | | | | |
| 1. be better informed | 65 | 90 | 7 | 10 | | |
| 2. feel a stronger bond with early care and education services | 55 | 76 | 12 | 17 | 5 | 7 |
| 3. be more satisfied with community services | 10 | 14 | 6 | 8 | 56 | 78 |

| Hypothesis | Yes | | No | | II* | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Early care and education providers will: (N=56) | | | | | | |
| 1. be more effective advocates | 23 | 32 | 49 | 68 | | |
| 2. experience less competition across systems | 51 | 71 | 21 | 29 | | |
| 3. be more equitably compensated | 15 | 21 | 57 | 79 | | |
| 4. have more training options | 53 | 74 | 19 | 26 | | |
| 5. be more knowledgeable about the range and nature of services in their community | 52 | 72 | 20 | 28 | | |
| System collaborations: (N=36) | | | | | | |
| 1. created and/or changed legislation | 13 | 36 | 23 | 64 | | |
| 2. survey or report on the state or condition of children's services | 22 | 61 | 14 | 39 | | |
| 3. training and/or education | 22 | 61 | 14 | 39 | | |
| 4. conferences, workshops, seminars, etc. | 19 | 53 | 17 | 47 | | |
| 5. consumer information, data base of services, etc. | 24 | 67 | 12 | 33 | | |
| 6. funds for demonstration projects | 10 | 28 | 26 | 72 | | |
| 7. models of service delivery | 9 | 25 | 27 | 75 | | |
| 8. created and/or changed government regulations | 11 | 31 | 25 | 69 | | |
| 9. funding from business community | 7 | 19 | 29 | 81 | | |
| 10. members testify regularly at legislative and/or government hearings | 17 | 47 | 18 | 50 | 1 | 3 |
| 11. produced "how to" on developing collaborations | 8 | 22 | 28 | 78 | | |
| 12. instrumental in establishing a new government council, panel, advisory committee, task force, etc. | 13 | 36 | 23 | 64 | | |

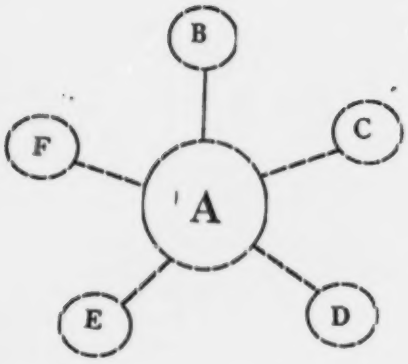
*Insufficient information.

Appendix L

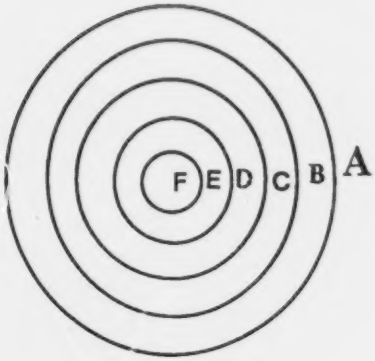
STRUCTURES OF COLLABORATION




Ring collaborations, where ABCDEF represent separate, autonomous members.




Spoke collaborations, where A represents a central agency, and BCDEF represent individual collaborative partners.




Spiral collaboration, where BCDEF represent diverse programs or initiatives subsumed by A, which administers them.

## PART 1 - OUTCOMES

The first set of questions I'll be asking you concern the collaboration's goals and accomplishments - the issues that brought you together, your successes, your stumbling blocks, the kinds of changes you've made for children, parents, staff, and programs.

1. When was the collaboration initiated and what groups, agencies, and services are involved?

2. How did the collaboration come about? Was there a mandate involved?

3. What were your original goals and objectives? Are they different now?

4. What have you done toward these goals? What difference do you feel the collaboration's work has made to children, parents, staff, and programs?

YALE BUSH CENTER
EARLY CARE AND EDUCATION COLLABORATION PROJECT

NOMINATION OF COLLABORATION

TO BE INCLUDED IN STUDY

COLLABORATION NAME _____

STATE _____

CONTACT PERSON _____

ADDRESS _____

_____

_____

_____

PHONE _____

OBJECTIVES/ROLES _____

_____

_____

_____

AGENCIES/PROGRAMS _____

_____

_____

_____

SOURCE OF NOMINATION _____

(ADDRESS/PHONE) _____

_____

_____

APPENDIX E

EARLY CARE AND EDUCATION COLLABORATION PROJECT

TOTAL OPERATIONAL NOMINATIONS RECEIVED

| | SYSTEM | SERVICE | SYSTEM\ SERVICE | TOTAL |
|---|---|---|---|---|
| High Complexity | 15 | 28 | 14 | 57 |
| Medium Complexity | 34 | 69 | 41 | 144 |
| Low Complexity | 6 | 36 | 9 | 51 |
| TOTAL | 55 | 134 | 64 | 252 |

(Chart1)

| CATEGORY | POPULATION SERVED LOCAL ALL | LOW | SPEC | STATE ALL | LOW | SPEC | NOMINATING SOURCE NAEYC | MISC | DOE | NBCDI | APWA | THS | POPULATION SERVED ALL | LOW | SPEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| System high (15) | 1 | 0 | 0 | 7 | 4 | 3 | 7 | 3 | 4 | 1 | 0 | 0 | 8 | 4 | 3 |
| Service high (28) | 5 | 13 | 7 | 0 | 0 | 3 | 1 | 6 | 9 | 1 | 0 | 11 | 5 | 13 | 10 |
| System\Service high (14) | 2 | 0 | 2 | 6 | 1 | 3 | 2 | 5 | 6 | 0 | 0 | 1 | 8 | 1 | 5 |
| System medium (34) | 3 | 0 | 0 | 18 | 5 | 8 | 10 | 5 | 16 | 3 | 0 | 0 | 21 | 5 | 8 |
| Service medium (69) | 14 | 31 | 6 | 7 | 7 | 4 | 6 | 18 | 25 | 1 | 5 | 14 | 21 | 38 | 10 |
| System\Service medium (41) | 10 | 6 | 8 | 7 | 5 | 5 | 7 | 8 | 13 | 1 | 5 | 7 | 17 | 11 | 13 |
| System low (6) | 0 | 0 | 0 | 5 | 1 | 0 | 1 | 3 | 1 | 0 | 1 | 0 | 5 | 1 | 0 |
| Service low (36) | 14 | 8 | 6 | 1 | 5 | 2 | 2 | 13 | 14 | 0 | 3 | 4 | 15 | 13 | 8 |
| System\Service low (9) | 0 | 2 | 0 | 0 | 7 | 0 | 0 | 5 | 1 | 0 | 3 | 0 | 0 | 9 | 0 |
| TOTAL | 49 | 60 | 29 | 51 | 35 | 28 | 36 | 66 | 89 | 7 | 17 | 37 | 100 | 95 | 57 |

## CHAPTER VIII

## DESCRIPTIONS OF INTERVIEWED COLLABORATIONS

NAME: Chinle Public Schools Early Special Education Program
P.O. Box 587
Chinle, Arizona 86503
LaTressa Short
(602) 674-3481

GOALS/OBJECTIVES: The program's goals is to deliver comprehensive services to handicapped Indian preschool children in compliance with P.L. 99-457.

HISTORY: The program was initiated in April 1989 by the Chinle Valley School for Exceptional Children, who wanted to increase services and provide services to more children. They contacted the public school district, and the two created an interagency agreement with the agencies below.

MEMBERSHIP/STRUCTURE: The interagency agreement includes the Chinle Valley School for Exceptional Children, Head Start, the Bureau of Indian Affairs, the public schools, the Indian Health Service, the Navajo Nation Divison of Health and Social Services, and the Navajo Foster Grandparents Program. Representatives of the Chinle Valley schools, the public schools, and Head Start meet monthly or more often to review the program and make decisions regarding funding and program planning.

ACCOMPLISHMENTS: The program features shared staff, staff training, facilities, supplies, and technical assistance between collaborators. Comprehensive, coordinated health, mental health, and social services are provided to children. Agencies participate in mutual screening and referrals of children. Transitions are planned to public school, involving half-day kindergarten and half-day special education services. Transportation is provided to the special education program and to other services when needed. Parents participate in Head Start parent training, offered in both Navajo and English. Staff conduct home visits and parents participate in center activities.

NAME: Child Development, Incorporated
P.O. Box 2110
Russellville, Arkansas 72801
JoAnn Williams
(501) 968-6493

GOALS/OBJECTIVES: Child Development, Inc., seeks to meet the needs of the community by providing services to children, parents, and businesses.

HISTORY: Before January 1986, Child Development, Inc., existed as the child development division of a CAP agency, but later became a private, nonprofit agency retaining the support of previous members of the board of directors, staff, and consultants.

MEMBERSHIP/STRUCTURE: The 22-member Board of Directors meets quarterly, as does the Head Start Policy Council, the Education Advisory Committee, and the Health Advisory Board. Membership on the above groups represents both the private and the public sectors, including local business and community leaders. A four-member Executive Committee and parents' organizations meet monthly.

ACCOMPLISHMENTS: The agency integrates several programs for young children and their families: (1) child care services that include Head Start, Title XX subsidized child care, services for children in the JOBS program under the Family Support Act, services for children of fee-paying parents, and before and after school care; (2) parenting training; (3) expanded diagnostic services for children in the areas of speech and mental health; (4) HIPPY (Home Instruction Program for Preschool Youngsters); (5) mainstreamed child care for handicapped youngsters; (6) USDA food services; (7) child care for teenage parents; (8) adult literacy education; (9) resource and referral activities for corporations; (10) child development resource library for parents; (11) design and development of new centers for corporate child care programs; and (12) an Even Start program. All child care programs are certified or are preparing for NAEYC certification, and careful transitions are planned between programs. Additionally, a CDA training scholarship program is offered to staff in collaboration with Arkansas Tech University.

NAME: Family Educational Network of Weld County
520 13th Avenue
Greeley, Colorado 80631
Tere Keller
(303) 356-0600

GOALS/OBJECTIVES: The Network desires to improve the self-sufficiency of families and help parents to become active as their children's primary teachers.

HISTORY: The Network began 17 years ago as a preschool program under the auspices of the school district. Five years later, the group became a Head Start grantee and over time began to administer Head Start, Migrant Head Start, preschool programs, child care services to Department of Social Services clients under the Family Support Act, and food services through the Commodity Supplemental Food Program.

MEMBERSHIP/STRUCTURE: The Network staff is advised by a Board of Directors made up of all county commissioners and a Head Start Policy Council. Additionally, collaborative relationships exist with the public school and community groups.

ACCOMPLISHMENTS: The Network offers child care services through Head Start, Migrant Head Start, the Colorado Preschool Project, which offers child care to families regardless of income level, and the Family Support Act. The programs feature shared facilities, transportation, supplies, equipment, and consultant services. Many of the Network's centers mix children in different programs, and all meet Head Start performance standards, regardless of funding. The Policy Council represents parents involved with all programs. Thus, both children and parents are involved in ethnically and socioeconomically integrated activities. In collaboration with the Colorado AEYC, a community college, and a private foundation, training is offered to all teachers in the areas of GED certification, CDA training, and director training. Staff in all programs are offered full benefits and are compensated equitably.

NAME: PreKindergarten Early Intervention Program
620 East University Avenue
Gainesville, Florida 32601
Bebe Fearnside
(904) 336-3616

GOALS/OBJECTIVES: The program provides services to economically disadvantaged three- and four-year-olds and their parents to prepare children for early and continuing school success.

HISTORY: Established in 1986, the program is a local manifestation of Florida's Prekindergarten Early Intervention Program under the auspices of the Department of Education.

MEMBERSHIP/STRUCTURE: The program is advised by an interagency committee which meets monthly and represents the school board, Title XX subsidized child care, private providers, Head Start, health, mental health, state and local government, elementary public schools, transportation, care for handicapped children, child care licensors, higher education, vocational education, the local AEYC, retirement groups, and parents. Subcommittees are formed around specific issues or projects.

ACCOMPLISHMENTS: Through collaborative dialogue and joint training, all public prekindergarten programs meet Head Start standards and offer comprehensive services to youngsters. Other activities include the following: (1) a state grant to train family daycare providers in nurturing language development in children; (2) development of a collaborative Curriculum Resource Guide, which details the educational activities and criteria of preschool and elementary school programs and was distributed to all public and private preschools and public schools; (3) development of detailed family records and a communitywide data base on children served and services provided which is shared between preschools and elementary schools to ease children's transitions between programs; (4) family assessments with referrals made to needed services; (5) coordination of functions such as "Care Fairs" at which community services advertise their services; and (6) development of a Community Resource Book and workshops for parents on how to access services.

NAME: Child Care Connections
1303 Fort Street
Boise, Idaho 83707
Sharon Bixby
(208) 343-5437

GOALS/OBJECTIVES: The agency seeks to promote the availability of quality, affordable daycare.

HISTORY: In 1984, a community meeting sponsored by Northwest Area Foundation, and attended by representatives of churches, child care, business, government, and community groups, identified local child care issues and needs. As a result, a proposal to establish the agency was written and funded by Northwest Area Foundation.

MEMBERSHIP/STRUCTURE: Policy and operational decisions are made by an interagency Administrative Council, representing child care, schools, Head Start, private industry, community groups, legislators, and higher education. The Council meets monthly as do its subcommittees addressing resource development, public relations, and parent/provider services.

ACCOMPLISHMENT: The agency achieves its goals by (1) providing R&R to the public; (2) providing technical assistance to other R&Rs statewide, resulting in the establishment of three R&Rs in previously unserved areas; (3) the administration of child care scholarships for low-income families; (4) consultation to employers which encourages employer involvement in child care; and (5) training and consultation to child care providers. The agency has found that providers who use their services are twice as likely to remain in the field as providers who do not. Moreover, the agency has fostered community planning and coordination of services by sharing child care supply and demand data with community groups, including private industry and the public schools. In collaboration with other child care advocates, the agency successfully lobbied for rigorous local child care center licensing standards. With the local AEYC, the agency conducted a statewide survey of child care provider salaries and cosponsored activities and materials aimed at raising public awareness of provider professionalism.

NAME: South Central Community Action Agency
726 Shoshone Street, West
Twin Falls, Idaho 83303
Donna Suhr
(208) 733-9351

GOALS/OBJECTIVES: Through its early childhood programs and its collaborative relationships, the agency seeks to alleviate the effects of poverty on children.

HISTORY: The agency was established in 1967 and shortly thereafter became a Head Start grantee. It administers Head Start, subsidized child care, and care for preschool handicapped children.

MEMBERSHIP/STRUCTURE: The agency's staff is advised by a Head Start Policy Council and a Staff Development Committee. Additionally, collaborative relationships with outside groups are nurtured and supervised by individual agency staff, parents, or administrators assigned to particular collaborative activities.

ACCOMPLISHMENTS: Head Start and subsidized child care programs share facilities, staff, materials, and equipment. On-site Head Start social service coordinators are also available to subsidized child care staff and parents and make referrals when needed. Staff of all programs are offered equitable training and compensation. Additionally, the agency collaborates with outside groups in the following ways: (1) local early childhood programs are offered training in the development of multicultural, bilingual curricula and in a sexual abuse prevention curriculum developed by the agency; (2) an interagency agreement with a community college allows college credits for CDA training provided by agency staff, the local AEYC, and VISTA volunteers, open to all local child care providers; (3) advocacy with other interested groups resulted in state legislation mandating child care center licensing; (4) joint yearly needs assessments are done with the United Way, the Private Industry Council, and the Department of Health and Welfare; and (5) preschool services are provided to handicapped children, in collaboration with the public schools.

NAME: Human Services Institute
Chicago City-Wide College
226 West Jackson
Chicago, Illinois 60606
Dr. Betty Hutchison
(312) 855-8225

GOALS/OBJECTIVES: The Institute (1) enhances program quality through provider training and operating model programs; (2) offers bilingual training to Hispanic centers and home providers; (3) provides preservice and in-service care to foster parents; and (4) provides parenting education to reduce abuse and neglect.

HISTORY: The Institute coordinates academic programs in human services occupations, runs six NAEYC accredited Child Development Centers serving children of staff, students, and the community. The Centers are also training sites for City College's early childhood, nursing, and social service students. In addition, the Institute has developed collaborative relationships with diverse outside groups through the outreach of Institute staff.

MEMBERSHIP/STRUCTURE: The Institute has developed collaborative programs with the Department of Human Services (DHS), the Department of Children and Family Services (DCFS), Chicago Board of Education, public and private colleges, universities, and social service and child welfare groups. Collaborative programs are advised by interagency groups, and communication is fostered through joint staff meetings and active participation in advisory groups of collaborators.

ACCOMPLISHMENTS: Through CDA and bilingual CDA programs offered in collaboration with DHS, the Institute develops in providers a sense of professionalism. Through collaboration with the Chicago Board of Education, the Institute has become a subcontractor to run pilot programs for at-risk students. Through the Foster Parent Program offered in collaboration with DCFS, potential candidates are trained and inappropriate parents are screened out. The program's success has resulted in the design of a variety of in-service programs for foster parents including one on caring for drug-exposed infants.

NAME: Voices for Illinois Children
53 West Jackson, Suite 515
Chicago, Illinois 60604
Jerome Stermer
(312) 427-4080

GOALS/OBJECTIVES: The agency's overall objective is to improve the lives of Illinois children. Each year, specific objectives are set; currently, work is being done on the implementation of an Early Intervention Program, income tax credit for low-income families, and a report and analysis of the state's pilot preschool program. On each issue, the agency collaborates with other concerned groups.

HISTORY: In 1986, with funding from the Chicago Community Trust, a task force of public service professionals was formed to do a state-level needs assessment and make recommendations regarding the provision of services to children. The task force's conclusion was that no one agency alone could address all issues; therefore, in 1987, the agency was formed to do research, advocacy, and promotion of collaboration.

MEMBERSHIP/STRUCTURE: Staff of the agency are advised by a Board of Directors representing private industry, community and public service groups, schools, a hospital, advocacy groups, the University of Illinois, and the courts. Committees address operational issues, as well as specific projects and outreach activities for children's groups statewide.

ACCOMPLISHMENTS: Publication of newsletters and a 1990 Children's Agenda keeps the public and policy makers informed about children's issues. Additionally, the agency addresses the following concerns in collaboration with state government, advocates, parents, and service providers: (1) increasing funding for preschool programs, abuse/neglect prevention programs, and low-income daycare; (2) increasing accessibility of early intervention programs; (3) creating a state Child Find program; (4) creating scholarships to increase the pool of qualified early intervention professionals; and (5) establishing uniform provider salaries and licensing requirements between Head Start, daycare, and school-based preschool programs.

NAME: Child and Family Policy Center
100 Court Avenue, Suite 312
Des Moines, Iowa 50309
Senator Charles Bruner
(515) 281-3371

GOALS/OBJECTIVES: The Center seeks to provide stronger links between public policymakers and research on issues affecting children and their families by (1) developing recommendations to meet the needs of at-risk youth and prevent future welfare dependency and (2) providing technical assistance, oversight, and support to state program initiatives.

HISTORY: The Center was initiated in 1988 as a result of the Senator's perception that public policy was insufficiently tied to research on child development and sociology. Thus, he formed the Center as a clearinghouse of information for policymakers.

MEMBERSHIP/STRUCTURE: The Center is served by a State Board representing state and private universities, business, and labor. This group helps set state policy on children and families by (1) identifying state needs, (2) tracking demographic trends to predict future needs, and (3) linking research and public policy to help determine what research is needed to support policymaking. A National Advisory Board advises on grants written by the Center and helps identify potential funding sources. It represents researchers, advocates, and child development scholars.

ACCOMPLISHMENTS: The Center has published (1) Iowa's 1988 Legislative Initiatives: Assisting At-Risk Youth and Families, an effort to provide technical assistance to schools developing grant programs; (2) the Proceedings of the Center's workshop for recipients of the state's family development grant program, Iowa's major effort to integrate welfare reform with child development; (3) guides to collaboration, including a chapter in the National Conference of State Legislature's Family Policy book and a paper for the Association for Public Policy Analysis and Management; and (4) Improving Maternal and Child Health: A Legislator's Guide, a book for state policymakers on possible program initiatives to improve child health.

BEST COPY AVAILABLE

NAME: Iowa Child Development Coordinating Council
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146
Dr. Carol Alexander Phillips
(515) 281-7844

GOALS/OBJECTIVES: The Council has been charged with (1) developing a definition of at-risk; (2) establishing minimum guidelines for comprehensive child development services; (3) developing a biennial inventory of child development services; (4) making recommendations regarding curriculum and staff qualifications; (5) awarding grants for programs that provide services to at-risk children; (6) encouraging submission of grant requests fromm all types of providers of child development services; and (7) submitting recommendations to the legislature on state child development services.

HISTORY: The Council was established in 1988 by legislative mandate.

MEMBERSHIP/STRUCTURE: The Council's members are appointed by public agencies, and include representatives of the Departments of Education and Human Rights. The Council meets monthly, and subcommittees meet as needed.

ACCOMPLISHMENTS: The Council has (1) increased direct services to children and families statewide; (2) expanded services to parents, including GED, literacy, and CDA training; (3) increased access to services by providing transportation; (4) improved quality of services by funding programs that have appropriate child/teacher ratios, conducted self-studies, offered enhanced staff training, and provided comprehensive services by linking with other programs; (5) fostered links between local programs and the state's Maternal and Child Health initiative; (6) encouraged Local Early Childhood Advisory Committees to expand services to include Head Start and child care as well as school-based programs; (7) created data bases at state and local levels to provide coordinated information to parents, providers, and policy makers; and (8) instituted local early childhood committees to foster collaborative community planning and needs assessments.

BEST COPY AVAILABLE

NAME: Child Care Advisory Committee
Department of Social and Rehabilitative Services
300 West Oakley, West Hall
Topeka, Kansas 66606-1914
Irene Davis
(913) 296-6774

GOALS/OBJECTIVES: The Committee was formed to (1) gather information about state child care programs and aid the Departments of Social and Rehabilitative Services, Health and Environment, and Education in creating long-term plans; (2) inform the public of child care resources available to them; (3) stimulate the growth of child care programs through the administration of Department grants; and (4) encourage interagency involvement in determining child care policy.

HISTORY: Established by legislative mandate in 1975, the Committee was disbanded in 1982, but members continued to meet on a voluntary basis. Eventually, members successfully petitioned the Commissioner to reinstate the Committee for the purpose of providing center-based programs for children with handicaps.

MEMBERSHIP/STRUCTURE: The Committee includes representatives from child care, Head Start, and special education; a representative of each legislative district; representatives from state R&R agencies; the Departments of Education, Health, and Social and Rehabilitative Services; the Kansas Cooperative Extension Service; higher education; community groups; and parents. Members meet every two months. Subcommittees address provider training, purchase of child care services, school-age child care, public policy, the child care food program, licensing and regulations, and grants and awards.

ACCOMPLISHMENTS: The Committee has helped to create new child care programs through school-age child care grants and grants to family daycare home providers for equipment and refurbishment. The Committee has collected extensive data on subsidized child care to assist in public policymaking, and in determining local market rates and assessing community needs.


BEST COPY AVAILABLE

NAME: NeK-CAP Head Start Co-op Program
Route 4, Box 187
Hiawatha, Kansas 66434
Rose Sigmund
(913) 742-2222

GOALS/OBJECTIVES: The program seeks to provide high-quality child care to handicapped children.

HISTORY: In 1987, Head Start was contacted by the Brown County Special Education Cooperative, which serves severely handicapped children. The Co-op was concerned about a severely handicapped child for whom they could not find appropriate child care services, and asked Head Start to enroll the child, with the agreement that Co-op staff would collaborate with Head Start staff in serving the child's needs. Over the years, the program has served several handicapped youngsters in collaboration with the Co-op.

MEMBERSHIP/STRUCTURE: Head Start and Co-op staff attend joint staff meetings; Head Start staff attend Co-op parent meetings; Head Start parents are on the Co-op's advisory committee; and Co-op staff are on the Head Start board. Co-op staff acccompany children to Head Start and assist teachers; they monitor each child's daily progress, which is shared with teachers daily.

ACCOMPLISHMENTS: The program has been recognized by the Head Start regional office as exemplary; other Special Education Cooperative programs in the state are contacting Head Start to discuss replication of the collaborative program. All staff share training. The Co-op provides school buses for transporting Head Start children. Because of the program, severely handicapped children are building self-esteem; Head Start children and adults have become more informed and accepting of special needs children.



BEST COPY AVAILABLE

NAME: Virginia Place
College of Home Economics
University of Kentucky
102 Erickson Hall
Lexington, Kentucky 40506-0050
Dean Peggy Meszaros
(606) 257-2878

GOALS/OBJECTIVES: The goal of the program is to help famiies become self-sufficient.

HISTORY: Plans for Virginia Place began to be discussed in 1984, between county government officials, the university, and Tenant Services staff. In an effort to break the cycle of poverty so evident in the city, Virginia Place was opened in 1986 as a transitional program to support single-parent families while parents pursue their education and acquire employment.

MEMBERSHIP/STRUCTURE: The program is collaboratively provided by the colleges of education, nursing, and home economics of the University of Kentucky, whose faculty and students donate their time and expertise. An executive board meets monthly, made up of Board co-presidents, each of the deans of the three colleges, and other staff. A working board meets every two months, and represents university faculty, private business, and the Mayor's Office.

ACCOMPLISHMENTS: The program is the only model in the nation of an academically guided program for self-sufficiency. Housing is provided to participants, as well as on-site health, financial counseling, nutrition education, individual and family counseling, and child care meeting NAEYC guidelines. School-age children receive after-school tutoring, and transitions are planned between Virginia Place's child care program and the public schools. An interdisciplinary case management team conducts family assessments and makes referrals to off-site services as needed. The program succeeds in supporting families for a transitional time, during which they acquire the education and employment to become self-sufficient.



BEST COPY AVAILABLE

NAME: Child Care Advisory Committee
221 State Street
State House Station #11
Augusta, Maine 04333
Barbara Collier
(207) 289-5060

GOALS/OBJECTIVES: The Committee's three major goals are (1) to coordinate the development of a training system for all child care providers; (2) to address funding issues; and (3) to provide public education on child care issues.

HISTORY: The Committee grew out of the work of the Maine Child Care Task Force, a broadly representative group convened in 1983 to assess the state's child care needs. Their recommendations included establishment of the Office of Child Care Coordination within the Department of Human Services in 1986, and the Department formed the Committee to advise the work of the newly created Office.

MEMBERSHIP/STRUCTURE: The Committee represents both the public and the private sectors, including business, child care, advocates, Head Start, the schools, health, legislators, parents, higher education, special education, mental health, and social service agencies. Members meet quarterly and serve two-year terms.

ACCOMPLISHMENTS: Accomplishments include funding for a system of regional Child Care Resource Development Centers; sponsorship of the Governor's Conference on Child Care; development of a child care voucher system which increases subsidized child care; funding for the child care of dislocated workers and employment trainees; funding for employer-supported child care initiatives; establishment of a child care demonstration project at a health care facility; funding for school age child care and for resource and referral; salary increases for child care providers contracting with the Department; funding for child care provider training and for a loan and grant program to start up, expand, and improve child care facilities.

NAME: Child Development Services
87 Winthrop Street, State House Station #146
Augusta, Maine 04333
Sue Mackey-Andrews
(207) 289-3272

GOALS/OBJECTIVES: The Committee ensures Maine's compliance with P.L. 99-457.

HISTORY: Established in 1978 as a result of an interdepartmental study group recommending actions to comply with P.L. 94-142, the Committee addressed the system for providing comprehensive services to handicapped 3-5 year olds through the formation of Preschool Coordination sites on a competitive basis. From 1978 to 1984, 16 were funded. In 1984, the Committee's focus expanded to include services for children 0-3, in response to state legislation. In 1987, P.L. 99-457 established the Committee as Maine's ICC.

MEMBERSHIP/STRUCTURE: Committee membership represents the Departments of Human Services, Education, and Mental Health and Mental Retardation; parents; private service providers; Head Start; the Association of Young Children with Special Needs; and higher education. Subcommittees address Committee operations and special projects.

ACCOMPLISHMENTS: Some of the Committee's accomplishments include the following: (1) development and field testing of interdepartmental "Best Practices" for Programs and Services serving Handicapped and At-Risk Children aged 3-5, which were later rewritten as Standards and expanded to include services to children under 3; (2) identification and development of Criteria for Referral for Maine's Comprehensive Service Delivery System, which include a variety of situations not commonly associated with services to the handicapped; (3) development of a Nurse Liaison System within the Division of Public Health Nursing, providing a nurse liaison to every birthing hospital and training to hospital staff on the neonatal screening process and facilitating referrals and follow-up of handicapped newborns; and (4) development of an interdepartmental Electronic Resource Directory at every Preschool Coordination site to facilitate access to services.

BEST COPY AVAILABLE

NAME: Maine Association of Child Care R&R Agencies (MACCRRA)
P.O. Box 278
South Paris, Maine 04281
Joyce Crockett
(207) 743-7716

GOALS/OBJECTIVES: MACCRRA members provide support for one another and jointly advocate on child care issues.

HISTORY: Maine established a network of state-funded R&Rs in 1988, and brought together directors for initial start-up, training, and support meetings. Directors and staff have continued to meet on a voluntary basis.

STRUCTURE/MEMBERSHIP: Each of Maine's publicly funded R&Rs is a member, and the group is recruiting privately funded R&Rs and other community groups as associate members. Monthly meetings are held alternately in central and northern Maine to allow all members an equal opportunity to attend.

ACCOMPLISHMENTS: Through support, sharing of information, and technical assistance, MACCRRA has encouraged local R&Rs to (1) improve quality of care by offering provider recruitment and training, education to community groups and businesses on the need for quality care, and counseling to parents on choosing quality care; (2) increase child care services by provider recruitment and training; (3) reduce competition and encourage collaboration between child care programs by facilitating joint planning meetings and needs assessments; and (4) participate in collaborative initiatives with local and state agencies.



BEST COPY AVAILABLE

NAME: Maryland Committee for Children
608 Water Street
Baltimore, Maryland 21202
Sandy Skolnik
(301) 752-7588

GOALS/OBJECTIVES: The agency works to improve the quality of early educational opportunities, to increase the availability of child care throughout Maryland, to help parents identify child care programs for their families, to assist employers in the development of work/family policies, and to advocate for children.

HISTORY: The agency was established in 1945 as the Maryland Committee for the Daycare of Children, a postwar effort to save child care services provided by the Lanham Act. In the mid-1960s, the agency became a private, nonprofit organization, and began to address the needs of children and families through direct services and advocacy.

MEMBERSHIP/STRUCTURE: The agency is advised by a Board of Directors who represent business, advocacy groups, and parents. Each member chairs or is active on at least one committee addressing the agency's programs, operations, and special projects. The 45-member staff includes a full-time lobbyist, and a 65-member interagency Public Policy Committee meets biweekly during the legislative session.

ACCOMPLISHMENTS: The agency trains over 4,000 providers annually, provides technical assistance to existing and prospective child care programs, provides technical assistance to employers on child care and work/family issues, offers child care resource and referral services, and advocates on behalf of children. Among its accomplishments are: (1) created a Governor's Task Force which revised and implemented state child care regulations; (2) helped to facilitate the creation of a Daycare Directors Association to foster communication and coordination between child care programs statewide; (3) created an Employers Advisory Council on Child Care, resulting in greater corporate involvement in child care and work-family assistance programs statewide; and (4) created the Maryland Child Care Resource Network, which will establish R&Rs in every jurisdiction.


BEST COPY AVAILABLE

NAME: Communities United, Inc.
111 Mt. Auburn Street
Watertown, Massachusetts 02172
Ann Linehan
(617) 923-2010

GOALS/OBJECTIVES: The agency serves preschool children through providing Head Start and subsidized child care services, and through expanded social and health services in collaboration with community organizations.

HISTORY: Communities United was founded in 1970 by a group of parents as a Head Start grantee. Since 1982, it has served nine communities through providing and coordinating early childhood services.

MEMBERSHIP/STRUCTURE: Staff of the agency are advised by a Health Advisory Committee, Head Start Policy Council, and an interagency Board of Directors, which meets monthly and represents parents, schools, local government, social service organizations, private industry, and parents.

ACCOMPLISHMENTS: The agency provides interagency team assessments of children in its programs, with referrals made to needed services. Using the services of interpreters from social service agencies, the agency assists non-English-dominant parents to access outside services. Monthly parent meetings are attended by school and social service agency staff, who inform parents about the services available; the agency arranges parent visits to community agencies. With the public schools, the agency has established a Collaboration for Children Project, a program designed to develop transitions for special needs children between early intervention programs and public schools. It has opened daycare centers in public housing projects in collaboration with the state Housing Authority. A data base on children served and services provided eases transitions between programs. The agency participates in joint program and funding planning with social service agencies and other early childhood groups.



BEST COPY AVAILABLE

NAME: Early Childhood Advisory Council
Department of Education, 1385 Hancock Street
Quincy, Massachusetts 02169
Elisabeth Schaefer
(617) 770-7476

GOALS/OBJECTIVES: The Council (1) advises the state Board of Education on early childhood issues; (2) reviews early childhood program evaluation, certification, and program standards; and (3) supports state and local interagency initiatives.

HISTORY: Two earlier groups [an earlier Early Childhood Advisory Council established by the Public School Improvement Act (Chapter 188) to award grants to schools offering child care services, and an interagency council administering special education funds] merged resources and staff in 1988 and became the present Early Childhood Advisory Council.

MEMBERSHIP/STRUCTURE:
Council members meet quarterly and represent the schools, child care, Head Start, advocacy groups, parents, the Office for Children, and the Departments of Social Services, Public Health, Public Welfare, Mental Retardation, and Mental Health. Subcommittees address public awareness, integration of special needs children, teacher certification and professional qualifications, parent involvement and family education, future trends in early childhood education, bilingual early childhood programs, and transitions for children from early intervention programs to the public schools and Head Start through the Collaboration for Children Project.

ACCOMPLISHMENTS: The Council has developed program standards for grants awarded to local school districts for planning and operating early childhood programs. To be funded, programs must demonstrate collaboration with community and school groups, parent involvement, staff development opportunities, and high quality curricula. To encourage school-community collaboration, the council has published a guide to establishing local interagency advisory councils, a report on the role of public schools in child care, and case studies of successful Chapter 188 and Collaboration for Children programs.


BEST COPY AVAILABLE

NAME: Head Start Plus
Montachusett Opportunity Council, Inc.
26 Main Street
Leominster, Massachusetts 01453
Mae Beth Skidmore
(508) 537-9547

GOALS/OBJECTIVES: Head Start Plus seeks to increase access to vocational skills training and good employment for Head Start parents, thereby making parents self-sufficient and increasing the entire family's well-being.

HISTORY: Head Start Plus began as a result of perceived needs on the part of its two major partners. The Montachusett Regional Vocational Technical School was interested in offering adult training. Head Start had been operating an extended day program for its parents who were participating in work training through the Department of Public Welfare, but participation was disappointing. The two applied for federal and state collaborative vocational technical funds, and the program began in the 1988-89 school year.

MEMBERSHIP/STRUCTURE: An interagency Advisory Committee oversees the program. Monthly meetings are attended by representatives of Head Start, the Montachusett Opportunity Council Learning Center, the vocational technical school, and a parent.

ACCOMPLISHMENTS: As a result of the program, Head Start parents who participate impart a sense of stability to the school classes and activities and Head Start's extended day program is more fully utilized. Through networking efforts with local businesses, graduates of Head Start Plus are successfully placed in jobs. Head Start and vocational education funds are combined to offer full day child care services on the Head Start model. Sick child care is offered to children of participants through a collaborative relationship with the county hospital, keeping parent absenteeism low. The Montachusett Opportunity Council provides help with homework, tutoring, and remedial education through its learning center. Transportation is provided to parents between the Head Start center, the school, and the learning center.

NAME: Housing Development Child Care Program
EOCD
17th Floor, 100 Cambridge Street
Boston, Massachusetts 02202
Paul Kerrigan
(617) 727-3424

GOALS/OBJECTIVES: The program provides child care in low-income housing projects to encourge residents to work or receive training.

HISTORY: The program evolved as the Executive Office of Communities and Development (EOCD), the Departments of Social Services and Public Welfare (DSS and DPW), local housing authorities, and child care providers became aware of severe child care needs in low-income housing developments. In 1985 and 1987, the legislature approved bond bills to create or renovate space in housing projects for child care centers, and in 1987, the program became part of the Governor's Daycare Partnership Initiative.

MEMBERSHIP/STRUCTURE: The Intersecretariat Daycare Working Group is a much larger group, of which EOCD is a part, that deals with an array of child care-related issues. DSS, OFC, and EOCD have worked together as needed to realize individual housing authority child care projects.

ACCOMPLISHMENTS: The program has created more than 30 new centers representing over 1,000 slots, which integrate resident and nonresident children. These centers serve as focal points for disseminating information about additional support services to all public housing residents. Parents using the centers are able to work or train; some are employed at the centers. As a result of their involvement in the program, local housing authorities are redefining their roles in housing projects and initiating other activities to improve the quality of life for residents. The federal government has recently instituted a similar program. These centers are used primarily as a tool/support for public housing tenants who wish to work or to participate in education or jobs training.


BEST COPY AVAILABLE

NAME: Quincy Community Action Agency
1509 Hancock Street
Quincy, Massachusetts 02169
Linda Lowenston
(617) 848-8142

GOALS/OBJECTIVES: The agency seeks to provide quality, comprehensive services to low-income preschool children.

HISTORY: Five years ago, the agency became involved in collaborative preschool projects, initiated by the outreach of agency staff.

MEMBERSHIP/STRUCTURE: The agency's collaborative programs are supervised by program coordinators, who interact with government, schools, and social service agencies. Meetings of all program staff are held monthly.

ACCOMPLISHMENTS: Through its collaborative relationships, the agency has established the following programs: (1) in conjunction with the Department of Social Services, the agency offers child care to abused/neglected children in which full-day care is provided and enhanced health, mental health, and social services are offered through combined Head Start and Department funding; (2) in conjunction with the public schools, the agency operates a school-based preschool program providing comprehensive services on the Head Start model; (3) in conjunction with the state Housing Authority and the Department of Social Services, the agency built and operates a daycare center in a low-income housing development. Serving parents who are working or in training, the program features full-day child care and comprehensive services on the Head Start model, and combines Head Start and Department funding. Programs share staff and supplies; all staff are offered equitable training and compensation.

NAME: Michigan Community Coordinating Child Care Association
2875 Northwind Drive
Suite 200
East Lansing, Michigan 48823
Mark Sullivan
(517) 351-4171

GOALS/OBJECTIVES: The collaboration's goals are to (1) coordinate and support delivery of services on a local level; (2) coordinate and improve development of policy on a state level; and (3) identify, obtain, and manage funds to improve child care across the state.

HISTORY: The Michigan 4C's was orginally established in 1972 by the Governor as a technical assistance and administrative umbrella for the local 4C's. In 1980, because of fiscal constraints, funding for the organization was cut. The organization was reestablished in 1987 as a result of the recommendations of the Michigan Women's Commission.

MEMBERSHIP/STRUCTURE: Membership is made up of the local 4C's, who represent child care providers, parents, community agencies, policymakers, city council members, and the business community. An Advisory Committee representing the Departments of Public Health, Mental Health, Social Services, Education, and Labor; parents; unions; business; and child care providers meets quarterly to provide program direction.

ACCOMPLISHMENTS: The organization has published a report on child care services in Michigan, successfully advocated for $23 million in state funds for implementing an At-Risk 4-Year-Old Program, and provided CDA scholarships. Additionally, the organization provides child care information to its affiliates, conducts statewide child care recruitment and training with funds from Mervyn's Dayton/Hudson and the Ford Foundation, and participates in collaborative efforts to increase the availability and affordability of child care with the Governor's Task Force on Child Care, the Child Care Employee Project of San Francisco, the Michigan Association for the Education of Young Children, and other consumer/advocacy groups.


BEST COPY AVAILABLE

NAME: Northwest Human Services
3963 Three Mile Road
Traverse City, Michigan 49684
Kathy Kundrat
(616) 947-3780

GOALS/OBJECTIVES: The agency serves low-income or at-risk four-year-olds by providing comprehensive services.

HISTORY: The collaborative relationship between the agency and the schools came about four years ago and serves a mutual need. The school wanted to serve at-risk preschool children on the Head Start model. Head Start wanted more funds to serve more children. Together, they applied for a state grant for at-risk four-year-olds which encouraged Head Start/school coordination of services. Funds were received and the collaboration was initiated in 1986.

MEMBERSHIP/STRUCTURE: There is frequent communication between the Head Start director and school superintendents about the program. Additionally, an interagency Curriculum Committee reviews the program to ensure consistency and advises on transitions to kindergarten.

ACCOMPLISHMENTS: All children receive comprehensive services, regardless of funding source, and are mingled in centers. All staff receive equitable training and compensation, and receive additional funds for outside training through the state grant and Head Start. Schools and Head Start participate in joint needs assessments and program planning and provide each other technical assistance. Head Start and state funds jointly pay for program costs.

NAME: Child Care Resource & Referral, Inc.
2116 Campus Drive, Southeast
Rochester, Minnesota 55904
Tutti Sherlock
(507) 287-2020

GOALS/OBJECTIVES: The agency provides referral to child care and preschool programs, financial assistance for child care, early childhood training, and support services to the preschool community. Additionally, the agency fosters community collaboration by informing the community of deficiencies and problems in the child care service delivery system and catalyzing community groups to work together for change.

HISTORY: In 1970, a study of child care in Olmsted County recommended that a child care communications system be established. In 1972, Olmsted Council for Coordinated Child Care, Inc. (4C's) began operation; in 1980, 4C's became Child Care Resource & Referral.

MEMBERSHIP/STRUCTURE: The agency provides child care referral to the public and to employers and handles all public child care funding, including that for Family Support Act initiatives, nursery school scholarships, child care and preschool services, Head Start, Parents Anonymous, parent counseling, the child care food program, provider training, and work/family seminars. Staff are advised by a Board of Directors, which represents parents, private industry, and various community groups.

ACCOMPLISHMENTS: As a management agency for all public child care funding in the community, the agency provides a central point of access for all families eligible for these services. Most recently, the agency has (1) expanded its R&R activities; (2) created a Care For Two Program, registering caregivers who will provide care for the children of one other family; (3) expanded Head Start to include a center-based program and to increase the number of families served; (4) implemented a regional Child Care Training Project; (5) expanded the child care food program; and (6) collaborated with other community groups to increase the supply of infant care and establish after-school care programs, among other initiatives to promote community planning and collaborative problem solving.

193 BEST COPY AVAILABLE

NAME: Parents in Community Action, Inc.
4225 Third Avenue, South
Minneapolis, Minnesota 55409
Alyce Dillon
(612) 823-6361

GOALS/OBJECTIVES: The agency seeks to empower parents to be their children's primary teachers and to assist families in becoming self-sufficient.

HISTORY: The agency was formed by Head Start parents who were dissatisfied with the parental involvement opportunities offered by the program. Catalyzing community support, the group became a Head Start grantee in 1971. Since that time, the agency has collaborated with community groups to enhance its services to low-income children.

MEMBERSHIP/STRUCTURE: Interagency agreements with outside groups specify program oversight by joint advisory committees or by specific staff from the collaborating agencies who are responsible for the collaborative programs.

ACCOMPLISHMENTS: The agency participates in mutual screenings and referrals and coordinates services with many community health and social service groups. Additionally, with the public schools, the agency has developed a transitional kindergarten program called High Five for children eligible for Head Start. The program involves coordination of services and joint staffing by Head Start and school personnel. The agency owns and operates an Early Childhood Family Development Center, which houses a Head Start Center and several other programs for young children and their families, allowing a single point of access for families needing child care, health, mental health, and support services. The agency has written a guide to collaboration called Head Start Linkages: Establishing Collaborative Agreements, with the Greater Minneapolis Daycare Association.

NAME: Payne-Phalen Family Support Project
993 Payne Avenue
St. Paul, Minnesota 55101
Gail Roberts
(612) 771-5793

GOALS/OBJECTIVES: The project provides information and support to low-income families with children birth to five years old. This involves providing appropriate educational activities for children, providing parenting education, and helping parents access support services.

HISTORY: The project grant proposal was written in 1987 by the Family Education Program of the public schools with assistance from a local elementary principal, community organizers, parents, and the supervisor of the area public nursing agency, who recognized the need for a neighborhood program in the Payne-Phalen area of St. Paul. Funding was received in 1988 for a three-year period.

MEMBERSHIP/STRUCTURE: The project is sponsored by the Early Childhood Family Education (ECFE) program of the St. Paul public schools, the Ramsey County Public Health Nursing Service, and the Payne-Phalen District 5 Council. Its advisory committee includes sponsors, educators, community residents, and participants. Public health nurses and project staff hold joint staff meetings, the project's community outreach worker serves on the District Council, and the project manager is also a staff member of the ECFE program.

ACCOMPLISHMENTS: At the drop-in center, children receive developmentally appropriate early education while parents are provided parenting education, health education by the public health nursing service, and nutrition education by the Department of Agriculture. The project assists families in accessing support and educational services; it makes referrals to Head Start, Adult Basic Education and ESL classes. Parents participate in special classes geared to the needs and concerns of low-income families at the ECFE program. ECFE and project staff share training, and ECFE staff substitute at the drop-in center.



BEST COPY AVAILABLE

NAME: Success by 6
United Way of Minneapolis
404 South 8th Street
Minneapolis, Minnesota 55404
Beverly Propes
(612) 340-7686

GOALS/OBJECTIVES: The collaboration seeks to build community awareness and understanding of early childhood development issues, improve access to services for all families with young children, and encourage private-public collaboration.

HISTORY: The collaboration was formed in 1987 shortly after the Board of Directors of the United Way of Minneapolis met and mandated that the organization become more aggressively involved in the serious problems facing the community. The CEO of Honeywell simultaneously pledged his corporation's involvement and financial support.

MEMBERSHIP/STRUCTURE: Staff of the program support the initiatives of 15 committees. Chairs of 14 subcommittees serve on a Management Committee, which oversees the program's operations, and reports to the United Way Board of Directors. The Partners Group represents 40 public, private, and nonprofit institutions involved in family/children services and advocacy efforts, and advises and coordinates Success by 6 members.

ACCOMPLISHMENTS: The collaboration has (1) coordinated various events to raise public awareness of the importance of early childhood development; (2) encouraged business leaders to testify before the legislature on early childhood issues and in collaboration with others obtained $35.6 million in additional support for young children; (3) encouraged the Education Committee of the Chamber of Commerce to sponsor an initiative helping Chamber members to resolve work force concerns pertaining to work-family conficts; (4) established a prenatal home visit and family support program for families with young children involving 35 human service agencies coordinated in agreement with the Minneapolis Youth Coordinating Board; and (5) distributed child-rearing and educational materials for parents and providers.

NAME: St. Louis Alliance for Better Child Care
7423 Wellington Way
St. Louis, Missouri 63105
Lori Geismar-Ryan
(314) 726-1666

GOALS/OBJECTIVES: The Alliance's objectives are to collaborate on advocacy efforts to pass the Act for Better Child Care, and to create a collaborative advocacy network by bringing together local groups and local chapters of national organizations with a focus on children and families.

HISTORY: The Alliance grew out of the NAEYC 1987 national conference, which addressed passage of the ABC bill and the joint NAEYC/public broadcasting documentary, Who Cares for the Children? In response to the call for grass-roots advocacy for ABC, the St. Louis AEYC public policy committee created the Alliance.

MEMBERSHIP/STRUCTURE: Members represent St. Louis AEYC, Child Welfare League, National Council of Jewish Women-St. Louis Chapter, Child Daycare Association, Junior League, and city and state government. Other interested parties, such as Head Start and Urban League, are on the mailing list. The group meets two or three times a year, with dissemination of information through mailings and by phone.

ACCOMPLISHMENTS: Members share resources to support each other's advocacy efforts; for instance, the St. Louis Chapter of the National Council of Jewish Women made funds available to the St. Louis AEYC to partially support production of a video on the community's daycare needs. All members share data to allow for effective testimony and preparation of public fact sheets on daycare. Because of their involvement with the Alliance, members who provide direct services have successfully involved parents and daycare staff in advocacy efforts. The Alliance is recognized as an important group and its input is solicited by national and state legislators and advocates. Members testify often. The Alliance successfully presented the views of the St. Louis community regarding the importance of state regulations applying to all daycare centers, including church-sponsored ones.



BEST COPY AVAILABLE

NAME:

Early Childhood Project
Herrick Hall
Montana State University
Bozeman, Montana 59717
Billie Warford
(406) 994-3241

GOALS/OBJECTIVES:

The goal of the ECP is to improve the quality and availability of services to young children and their families in Montana through collaborative efforts of agencies, organizations, and individuals concerned about children.

HISTORY:

The Project began in 1985 with funding from a grant from Northwest Area Foundation. The President and founder of the Montana Association for the Education of Young Children initiated a state-level collaboration with the Montana Child Care Association and the Department of Family Services, along with other child advocates.

MEMBERSHIP/STRUCTURE:

The collaboration includes representation from the above organizations and the Office of Public Instruction. The Indian Child Welfare Services is also interested in being included. The collaboration publishes a newsletter five to six times a year which is distributed to over 2,000 early childhood care and education professionals, advocates, and agency personnel.

ACCOMPLISHMENTS:

The Project has published the Montana Early Childhood Resource Directory, Montana Child Care: Questions and Answers 1988, and Dependent Care Assistance Options: A Guide for Montana Employers; facilitated the Governor's Conference on Employer Supports for Child Care; developed a booklet on "Guidelines for Opening a Preschool in Montana"; encouraged the Governor's Proclamation of the "Week of the Young Child"; and produced a video on "Taking Care of Montana's Children."

NAME: Montana Alliance for Better Child Care
10 West Cleveland
Bozeman, Montana 59715
Billie Warford
(406) 587-7431

GOALS/OBJECTIVES: The Alliance seeks to (1) foster interagency cooperation in identifying the needs and finding solutions for quality child care; (2) improve public awareness concerning the importance of quality, affordable, accessible child care; and (3) organize member groups to affect local and state policy decisions at a grass-roots level for the improvement of child care.

HISTORY: The Alliance grew out of a previously established collaboration, the Early Childhood Project, based at Montana State University. Because of its campus affiliation, it was difficult for the project to address public policy issues. In 1987, the project used foundation funding to hire a consultant to assess the policy needs of the state and make recommendations about who should be involved with the group. Six months later, the Alliance was formed.

MEMBERSHIP/STRUCTURE: Members represent private industry, child care providers, R&Rs, the AEYC, higher education, advocacy groups, social service agencies, and state government. An interagency board makes policy decisions and meets frequently when the legislature is in session. The entire membership meets quarterly.

ACCOMPLISHMENTS: The Alliance has successfully created and passed legislation that (1) designates the Department of Family Services as the lead agency in Montana for child care issues; (2) creates the Governor's Advisory Council on Child Care to study the current child care delivery system and make recommendations to the legislature; (3) creates and provides funding for a statewide child care R&R network; (4) provides tax credits for employer investment in child care; and (5) removes a freeze on the state reimbursement rate for child care.



BEST COPY AVAILABLE

NAME: Yellowstone County Head Start, Inc.
P.O. Box 2056
Billings, Montana 59103
Judy Bryngelson
(406) 245-7233

GOALS/OBJECTIVES: The agency's objective is to provide high-quality, comprehensive services to children four through five.

HISTORY: The Yellowstone County Head Start began as a community services group 25 years ago. Beginning in 1986, collaborative relationships developed with two school districts, the Department of Agriculture, and other early childhood groups as a result of the outreach of Head Start staff.

MEMBERSHIP/STRUCTURE: Collaborative programs are advised by individual, interagency advisory groups. Currently, Head Start and its school and community partners are applying for a corporate grant to employ a full-time coordinator of the collaborative programs.

ACCOMPLISHMENTS: Collaboration with schools has allowed (1) the establishment of a special education resource room in a Head Start Center for handicapped Head Start children; (2) evaluations and speech therapy for Head Start children; (3) full-day child care on the Head Start model through a joint Even Start grant; (4) attendance at school parent meetings by Head Start staff; (5) joint training and staff meetings, and shared materials and supplies; and (6) transition planning to kindergarten. Collaboration with the Department of Agriculture has provided nutrition counseling for Head Start and school staff and parents.

NAME: Child Care Task Force
Nebraska Association for the Education of Young Children
2607 Wayne Street
Bellevue, Nebraska 68005
Joan Givens
(402) 280-2460

GOALS/OBJECTIVES: The Task Force's original goal was to identify critical issues facing the state's children aged up to eight. As a result, the Task Force has identified for further attention (1) increasing Title XX funding for child care; (2) enhancing the amount of staff training and development available to daycare providers; (3) rewriting daycare regulations; and (4) obtaining funding for licensing specialists.

HISTORY: The Task Force was initiated in 1987 by the state senator who was Chairman of the Committee on Health and Human Services of the Nebraska legislature. The Senator provided initial conceptual rationale and orientation, leadership, and resources to the Task Force.

MEMBERSHIP/STRUCTURE: The Task Force represents various public agencies, professional organizations, parents, and the legislature. Members meet every two or three months, and communicate regularly by phone and conduct field work between meetings.

ACCOMPLISHMENTS: Through training its members, the Task Force has fostered a statewide advocacy network among parents, providers, and others interested in early childhood issues. As a result, the group has created and passed legislation to increase Title XX funding and expand daycare licensing staff. Additionally, bills developed by the Task Force and currently before the legislature address increased funding for daycare teacher training and parent education programs, and increased funding for child care services.



BEST COPY AVAILABLE

NAME: Child and Family Services
99 Hanover Street
Manchester, New Hampshire 03101
Helen Wilson
(603) 668-1920

GOALS/OBJECTIVES: The agency seeks to increase the supply of affordable daycare.

HISTORY: The agency was established in 1850 as the City Missionary Society, providing services to the poor. Many years ago, the agency provided daycare to the children of millworkers. Its recent involvement in daycare began in 1987, with a state grant to study local employers' attitudes toward daycare, and initiatives in employer-supported daycare, R&R, provider recruitment and advocacy.

STRUCTURE/MEMBERSHIP: The agency collaborates with the NH Charitable Foundation, Chambers of Commerce, the Governor's Office, the Depts. of Health and Economic Services, the legislature, daycare providers and advocates, the Family Daycare Assoc., and Child Care R&R Assoc.

ACCOMPLISHMENTS: With the Chamber of Commerce, the agency developed a brochure and cosponsored a seminar on employer-supported daycare, resulting in nine Manchester employers who initiated employee daycare benefits. With the legislature, NH Business & Industry Assoc., and many others, the agency coordinated a statewide conference on employer-supported daycare attended by 400 businesses. With the State Office of Economic Services, it established funding for a Family Daycare Assoc. and recruitment project. With the Assoc., the agency offers start-up advice, training, and grants to home providers for equipment and home refurbishment. With the Mayor's Commission on Child Care, the agency created a Child Care Coordinator position, funded by the city and housed at the agency. With the NH Charitable Foundation and the State Daycare Advisory Committee, the agency is developing a 5-year daycare plan for the state. With the NH Child Care R&R Assoc. and Div. of Health, the agency is developing an operating manual, standards, and newsletter for CCRR in the state, and will develop a statewide School Age Child Care Assoc.

NAME: Emergency Committee to Save Child Care
43 Hill Street
Newark, New Jersey 07102
Trish Morris
(201) 643-3710

GOALS/OBJECTIVES: The Committee provides resources to daycare teachers and administrators, and advocates on child care issues on the local, state, and national levels.

HISTORY: The Committee was initiated in 1974 by a group of nonprofit daycare providers who were concerned about the proposed use of state and federal funds to start up new child care centers. The Committee successfully lobbied for funds to be used for upgrading and refurbishment of existing centers. Though no formal decision was made to prolong the Committee's existence, it has remained intact for 16 years to address local and state child care concerns.

MEMBERSHIP/STRUCTURE: Committee membership now includes both nonprofit and for-profit daycare, Head Start, and parents. Additionally, the Committee collaborates with the schools, the Newark Office for Children, the Federation of Youth Services, health and social service agencies, and businesses. It meets quarterly.

ACCOMPLISHMENTS: The Committee has successfully lobbied to avert city cuts in funds supporting school-age child care, and to create a Child Care Network R&R service within the Newark Office for Children. The Committee participates on a state Policy Development Board by setting and revising child care regulations and conducts a joint needs assessment with the Newark Office for Children and the Federation of Youth Services. Committee members are in the process of establishing a Teacher Training Program and developing a comprehensive health plan to be shared by child care centers.



BEST COPY AVAILABLE

NAME: New Jersey Child Care Advisory Council
c/o Office of Child Care Development
Department of Human Services, CN 700
Trenton, New Jersey 08625
Dr. Edna Ranck
(609) 984-5321

GOALS/OBJECTIVES: The Council has been charged with (1) reviewing child care center rules and regulations; (2) advising on child care needs and policies; (3) studying and recommending alternative child care resources; and (4) facilitating employer-sponsored child care through information and technical assistance.

HISTORY: The Council was created by state legislation, the Child Care Center Licensing Act, in 1983.

MEMBERSHIP/STRUCTURE: Members represent Head Start, child care, schools, parents, social services, children's advocacy groups, NBCDI, the New Jersey AEYC, the Puerto Rican Daycare Association, state-sponsored R&Rs, private industry, higher education, the Departments of Human Services, Community Affairs, Commerce and Economic Development, Education, Health, and Labor, the Divisions of Youth and Family Services and Women, and the Office of Child Care Development (DHS).

ACCOMPLISHMENTS: The Council has contributed to the development and implementation of legislation that created (1) an intergenerational child care program in the Division on Aging; (2) relief from zoning restrictions on family daycare homes; (3) a survey of child care needs of state employees; (4) grants for school-age child care; and (5) voluntary family daycare home registration. The Council wrote and presented to the legislature a comprehensive plan for child care in the state, which resulted in (1) legislation for a loan and grant program to start, expand, and renovate child care centers; (2) expansion of public R&Rs statewide; and (3) development of a common computerized data base on child care services. The Council revised center regulations with an Ad Hoc Citizens Advisory Committee, and successfully advocated for an increase of $2 million in the SSBG budget for center staff salaries.

NAME: Urban Prekindergarten Pilot Program
Division of General Academic Education
Department of Education
325 West State Street
CN 500
Trenton, New Jersey 08625
Tynette Hills
(609) 984-3429

GOALS/OBJECTIVES: The program was initiated to prepare impoverished urban children for success in school, and to counteract patterns of early and continuing academic failure.

HISTORY: The program came about by the direction of the Governor to the commissioners of the Departments of Education and Human Services. The program was planned in 1988-89 and implemented in 1989-90. Local pilot programs will operate until 1992, when they will be evaluated formally by an independent contractor and recommendations made to the legislature. Currently, three sites are operating local programs that meet established guidelines.

MEMBERSHIP/STRUCTURE: A state Interagency Management Team awards funds and monitors local pilot programs; members represent the Departments of Education and Human Services. The team meets twice a month and communicates informally between meetings. Additionally, an advisory committee made up of groups broadly representative of the early childhood community meets three times a year. The state team offers technical assistance on site and in conferences twice a year, attended by all local program staff.

ACCOMPLISHMENTS: Programs serve previously unserved children with comprehensive services in health, nutrition, education, social services, and parent involvement opportunities. Continuity of experience is provided by learning activities that are linked to prior achievements and are continuous from year to year. Careful transitions to kindergarten are planned.



BEST COPY AVAILABLE

NAME: Child Care Resource Development Program
Alumni Hall
Elmira College
Box 855
Elmira, New York 14901
Ellen Wohl
(607) 734-3941

GOALS/OBJECTIVES: The program endeavors to increase available, affordable, quality child care through providing, promoting, and coordinating comprehensive quality daycare services.

HISTORY: Originally the Elmira Daycare Center in 1965, the program soon became a Head Start grantee and later, in 1977, expanded to offer subsidized child care. In 1985 it developed a training program for family daycare providers and in 1987, under a state and local Department of Social Services contract, implemented Child Care Resource and Referral services. Longstanding collaborative relationships exist with other community service organizations.

MEMBERSHIP/STRUCTURE: The program is sponsored by the Chemung County Child Care Council, a group widely representative of all groups with interest and involvement in child care. Additionally, collaborative groups meet to coordinate collaborative programs. It is also a grantee agency of the Economic Opportunity Program, a local CAA.

ACCOMPLISHMENTS: Through its involvement with the Chemung County Child Care Council, the program shares staff and parent training with other child care programs and jointly advocates on behalf of children's needs. With the public schools, the program operates a preschool program featuring joint intake procedures, family assessments, and referrals. The program, which provides parent education, shares school space, and schools provide busing for the children. The program has developed an Early Childhood Center which houses the Association for Retarded Citizens, United Cerebral Palsy, Head Start, and the Elmira Psychiatric Center Preschool Program, and fosters coordination of services, staff sharing, and a Joint Intake Committee for collaborative planning, assessment, and placement of children.

NAME: New York State Child Care Coordinating Council
237 Bradford Street
Albany, New York 12206
Sandra Lamm/Louise Stoney
(518) 463-8663

GOALS/OBJECTIVES: The Council seeks to increase the amount of affordable, quality child care through direct services to parents and providers and through advocacy.

HISTORY: Created as the Child Care Council in 1975, this organization began as a support group for the state R&Rs. In 1985, increased funding allowed permanent staff to be hired and the scope of the agency's work to be expanded.

MEMBERSHIP/STRUCTURE: Membership includes three categories: Affiliates (typically one per county, usually the R&R), Organizational Members, and Individual Members. Monthly meetings of both the membership and the board are held. The membership includes active committees on child care legislation, child care regulations, provider training, data collection, welfare reform, collaboration/coordination, CDA scholarships, and others as needed.

ACCOMPLISHMENTS: Through the Advocacy and Education Project, the Council has (1) brought together the PreK Directors Association, the Head Start Association, and daycare providers to create recommendations to the legislature on coordination of services; (2) addressed Welfare Reform by making recommendations to the legislature on coordination of and access to services under FSA; (3) reviewed and commented on state child care regulations; (4) successfully advocated for state salary grants to augment provider salaries under subsidized daycare; (5) advocated that reimbursement rates be increased; and (6) created a directory for providers, policy makers, and the public of daycare licensing and funding agencies. The Data Collection Project has issued a manual and trained R&Rs on a common computer system, by which it is compiling statewide data on child care supply and demand.



BEST COPY AVAILABLE

NAME: Child Care Resources
700 Kennilworth Avenue
Charlotte, North Carolina 28204
Marji Warlick
(704) 376-6697

GOALS/OBJECTIVES: The agency seeks to enhance the quality of life for children whose parents work.

HISTORY: Initiated in 1982 as a result of the recommendations of a United Way-sponsored study of child care services in the county, the agency has been formed to provide child care R&R, provide training and technical assistance to daycare providers, administer Title XX funds for subsidized daycare, and consult with businesses on employee child care benefits.

MEMBERSHIP/STRUCTURE: The agency's board of directors is made up of leaders from the public and private sectors, and is advised by a Parents Advisory Group and Providers Advisory Group. The agency also collaborates with advocacy groups, private industry, social service agencies, and child care providers.

ACCOMPLISHMENTS: In collaboration with a group of 19 businesses, Corporate Champions Task Force, the agency staffs a corporate grant program to provide start-up and expansion funds for daycare homes and centers. In 2 years, 860 new slots were created. As a result of the publicity around the Corporate Champions Task Force, an anonymous donor gave $1 million to establish a daycare center, and 3 developers built centers in business parks. The agency provides training to approximately 6,500 providers yearly and collaborates with community colleges and local Child Care Associations to offer 2 regional Training Conferences each year. It collaborated with Daycare Services of Orange County and a local university to publish a report on provider working conditions and turnover. The agency collaborates with the School Age Child Care Alliance to foster communication between public schools, center-based after-school care, and community programs, resulting in greater consistency in program expectations and activities.

NAME: Family Services Project (Local)
P.O. Box 110
Warrenton, North Carolina 27589
Ogletree Richardson
(919) 257-3184

GOALS/OBJECTIVES: The program coordinates, improves, and provides easy access to a wide variety of services administerd through various state and federal agencies and through private resources. The school is the hub of these services, offering them on-site or providing easy access for program participants.

HISTORY: The program was established in 1989 as the school district became concerned about the growing number of preschool children who entered school without skills for success.

MEMBERSHIP/STRUCTURE: Collaborative relationships are being clarified by interagency agreements, and exist among health and social service agencies, community colleges, and Head Start.

ACCOMPLISHMENTS: Through collaboration with the above groups, the program provides child care, health services, adult literacy, GED, and general education, nutrition and parenting education, crisis intervention services, and employment and budget management assistance. Program staff participate in joint training with Head Start, schools, and community colleges. Mutual referrals are made, and transportation is provided to services not on-site. Staff receive compensation that is equitable to schoolteachers' salaries. Children who participate in the program enter kindergarten well prepared, and parents continue to stay involved with their children's educations. Plans are being made to replicate the program statewide, and a brochure and video will be offered to that end.

NAME: Family Service Centers (State)
Department of Public Instruction
Education Building
Room 322
Raleigh, North Carolina 27603-1712
Laura Mast
(919) 733-8307

GOALS/OBJECTIVES: A State Early Childhood Task Force was formed to develop a state model for school-based programs for three- and four-year-olds and their families.

HISTORY: The Task Force was convened in 1988; out of their deliberations and recommendations grew the concept of Family Service Centers, programs that would assess community needs and address them using an interagency approach. Three model programs are currently operating.

MEMBERSHIP/STRUCTURE: The Task Force is made up of Department of Public Instruction staff, school superintendents, public school teachers, preschool and daycare teachers, university educators, and parents. Informally, individuals from a foundation and private industry also participate. The group meets as needed to address problems perceived in the state's early childhood education system. Between meetings, members often communicate informally.

ACCOMPLISHMENTS: The Task Force recommendations have been implemented through three Family Service Centers. Each center is required to do a community needs assessment and then to meet these needs through interagency efforts, which may include collaboration with health professionals to provide screening and primary care, collaboration with the state employment security agency to provide training and employment assistance, collaboration with community colleges to provide adult literacy and home economics education, collaboration with schools to provide developmentally appropriate programs and transitions between center child care programs and kindergarten, and collaboration with Head Start to share staff training and consultant services.

NAME: Interagency Coordinating Council
Chapel Hill Training/Outreach Project
Lincoln Center
Merritt Mill Road
Chapel Hill, North Carolina 27514
Anne Sanford
(919) 967-8295

GOALS/OBJECTIVES: The Council goals are to foster work in the areas of family support services, local interagency councils, training and the preparation of a five-year state training plan, public awareness and advocacy, child and family services, and linkage with the CASSP project.

HISTORY: In 1986, the Departments of Public Instruction and Human Resources formed the Council, with the Department of Human Resources as lead agency. The Council was lodged in the Regional Access Project to foster immediate coordination of services.

MEMBERSHIP/STRUCTURE: The Council is broadly representative of parents, agency personnel, and advocates, and meets quarterly. A Steering Committee and task forces meet more frequently and members communicate informally between meetings.

ACCOMPLISHMENTS: The Council has (1) raised public awareness of the needs of young handicapped children through films, brochures, and posters distributed statewide; (2) conducted local needs assessments, fostering links between local coordinating councils and creating councils in unserved communities through technical assistance; (3) created strong parent involvement and advocacy on children's issues, including a parent co-chair of the Council and parent co-chairs of every task force; and (4) developed a collaborative, statewide training plan for service providers. Through its efforts, the Council has developed a collaborative ethos in the state.



BEST COPY AVAILABLE

NAME: Bismarck Early Childhood Education Program
400 Avenue E East
Bismarck, North Dakota 58501
Michelle Hougen
(701) 221-3490

GOALS/OBJECTIVES: The program provides comprehensive quality care to young children and services to their families.

HISTORY: Established in 1965 as a Head Start grantee, the program has grown to offer Head Start, a Special Needs Program for handicapped children aged three to seven, and an Early Intervention Program for handicapped children under three.

MEMBERSHIP/STRUCTURE: Located in school space, staff members in the program are advised by an interagency advisory committee representing child care and community agencies, and by a Policy Council made up of parents of children in all three programs.

ACCOMPLISHMENTS: The program has fostered integration of the three initiatives. All programs share supplies, equipment, and resources, and mingle funds to purchase high-cost items. Professional staffs in the areas of social services, health, therapy, mental health, and nutrition serve all three programs. Teachers are exchanged between programs, receive the same core of training classes, and are compensated on the same pay scale. Careful transitions are planned between programs and between early education programs and kindergarten. Community college students in teaching, nursing, and other areas receive practicum experience at the program. Referrals are made to other needed services. Parents and staff are active advocates on children's issues, and in 1981 succeeded in securing ongoing funding for the Early Intervention Program.

NAME: Child Day Care Planning Project
614 Superior Avenue N.W.
Suite 300
Cleveland, Ohio 44113-1306
Carole Ellison
(216) 781-2944

GOALS/OBJECTIVES: The project was formed to address issues in the child care delivery system, such as quality, access, and cost.

HISTORY: The project was initiated by a 1982 daycare needs assessment collaboratively performed by the United Way Services, the County Department of Human Services, and the Federation for Community Planning. In 1984, demonstration and research efforts were initiated, and in 1988, services were institutionalized. After the project ends in July 1990, successful initiatives will be continued by a comprehensive resource and referral center.

MEMBERSHIP/STRUCTURE: The project is governed by a committee representing the United Way Services, the Department of Human Services, the Federation for Community Planning, Head Start, city officials, community and private foundations, federated charities, and other community groups.

ACCOMPLISHMENTS: The project's activities include the following: (1) demonstration school-age child care programs; (2) funding for integrating elders with a center-based child care program; (3) training for daycare providers, including collaboration with a community college infant-toddler model program and daycare provider scholarships; (4) financial assistance to parents through child care scholarships; (5) a capital loan program to assist daycare facilities with refurbishment and capital improvements and to provide daycare homes with equipment; (6) maintaining a data base on child care needs and resources; (7) funding centers to sponsor networks of family daycare homes; and (8) bringing funders together to develop better funding policies.



BEST COPY AVAILABLE

NAME: Family Life Program
Department of Education
65 South Front Street
Room 912
Columbus, Ohio 43266-0308
Linda Reece
(614) 466-3046

GOALS/OBJECTIVES: The program strengthens families by enhancing adults' life skills, offering parenting education, and making referrals to other services.

HISTORY: Begun originally in 1939 with federal funds, the program expanded its goals and changed its structure over the years. With the advent of state funds in 1985, the program was opened to families of all income levels and developed an interdepartmental advisory committee to oversee the program.

MEMBERSHIP/STRUCTURE: The program's state supervisor is advised by an Advisory Committee which meets quarterly and represents the Departments of Education, Health, Human Services, Economic Development, and Mental Health and Mental Retardation. Local programs are also advised by collaborative committees, and state-local meetings are held three times a year.

ACCOMPLISHMENTS: Local programs provide on-site child care while parents receive instruction and counseling. University research indicates that participants in the program develop more effective parenting skills. Programs are located in extremely depressed areas, providing access to the most disadvantaged families. Locally, Head Start and Family Life programs share training, make mutual referrals, and plan transitions; many children are dual enrolled. At the state level, agencies represented on the advisory committee share data on services and participate in collaborative program planning.

NAME: Graduation, Reality and Dual Role Skills (GRADS)
Department of Education
65 South Front Street
Room 912
Columbus, Ohio 43266-0308
Gene Todd
(614) 466-3046

GOALS/OBJECTIVES: The program's objectives are (1) to increase the likelihood that participants will remain in school during pregnancy and after the birth of their child, and stay to the point of graduation; (2) to help participants carry out positive health care practices for themselves and their children in both prenatal and postnatal stages; (3) to provide participants with knowledge and skills related to child development and positive parenting practices; (4) to prepare participants for the world of work; and (5) to encourage participants to set goals toward balancing work and family.

HISTORY: GRADS began in 1980 in response to the state's high school dropout rate.

MEMBERSHIP/STRUCTURE: At the state level, informal collaborative relationships exist with the Single Homemaker Grant Committee, which awards funds to GRADS participants for their child care and transportation needs; and with the Perinatal Regional Network, in its health education initiatives. Locally, GRADS programs network with community agencies, hospitals, and schools to facilitate access for participants, and each local program is supervised by an interagency advisory committee.

ACCOMPLISHMENTS: Since the program's implementation, the dropout rate has varied between 5.2% and 16%, much lower than the national average. Participants have healthier babies with higher birth weights. Through participation in parenting training, participants score higher on tests on appropriate developmental and behavioral expectations of children and nonviolent approaches to behavior management. The program has been presented at state and national conferences, and will be replicated in other states.



BEST COPY AVAILAB

NAME: Interagency Employees' Corporation
17273 State Route 104
Chillocothe, Ohio 45601
Jim Lambert
(614) 775-1432

GOALS/OBJECTIVES: The collaboration's mission is to become a rural institutional model for child care. The objectives are to provide an extended latchkey program for kindergarten through grade 6 pupils, a preschool program, and to an infant-toddler program.

HISTORY: The nonprofit corporation was founded in 1987 by the Veterans' Administration Medical Center, two state of Ohio correctional institutions, and the local schools, after a need was established for a child care facility for their employees and the local community.

MEMBERSHIP/STRUCTURE: A 15-member volunteer Board of Directors meets monthly. The Chairman of the Board serves a three-year term; other Board members rotate every three years as well. The Program Director and Co-Director have formal training and degrees in elementary education and business administration, respectively. Representation on the Board is based on the size of the member organizations. Decisions are made by a majority vote. A staff of 14, many of whom are college students, run programs.

ACCOMPLISHMENTS: The collaboration has (1) published a "how to" book on organizing collaborative efforts as well as sponsoring two national conferences on the "how to's"; (2) published a parent's handbook on quality child care; (3) provided transportation covering a major part of the county area; (4) provided tuition assistance from Title XX and other sources and established a policy opening the center to the public; (5) established a smoothly functioning collaborative process among federal, state, and local agencies; (6) published an employee's handbook; (7) routinely sponsored child care worker certification and continuing education workshops for surrounding communities; and (8) consulted with other agencies and communities on child care issues.

NAME: Looking at Life Through Literacy Program
Council of Economic Opportunities
668 Euclid Avenue #700
Cleveland, Ohio 44114
Dorothy Cheeks
(216) 696-9077

GOALS/OBJECTIVES: The program was established to enhance the ability of parents of Head Start children to identify and set life goals aimed at improving their economic self-sufficiency by helping them determine their interests and abilities and learn life and literacy skills.

HISTORY: Piloted in 1987 by the Council, with federal funds, the program involved participants from seven Head Start delegate agencies. A Case Western Reserve University evaluation of the program indicated its success, and it has been implemented throughout the Council's Head Start agencies. The program has received regional and national attention.

MEMBERSHIP/STRUCTURE: The program is taught by Head Start staff; professionals from the community teach in their areas of expertise; staff of the Food and Nutrition Education Program of the Department of Agriculture teach topics on health and nutrition; community groups, such as health clinics, libraries, and social service agencies, organize visits for participants; and participants shadow professionals in their fields of interest at their worksites.

ACCOMPLISHMENTS: The Case Western Reserve University evaluation indicated positive change in participants in the areas of knowledge of community resources, indication of job or career plans, identification of a self-improvement goal, skills for living, and knowledge of and access to skills necessary for making changes. Participants report higher quality family relationships and demonstrate greater interest in their children's education, both at Head Start and later, when they go to school.
Participants demonstrate greater self-sufficiency in accessing community resources, develop oral and written communication skills, and acquire employment as a result of the program.


BEST COPY AVAILABLE

NAME: Welfare Reform Task Force
Department of Human Services
30 East Broad Street
31st Floor
Columbus, Ohio 43215
Joel Rabb
(614) 466-3196

GOALS/OBJECTIVES: The Task Force's goals are to (1) raise enough state money to receive full federal funding under FSA and (2) coordinate state services.

HISTORY: The Task Force was established in the fall of 1988 by executive mandate.

MEMBERSHIP/STRUCTURE: Members represent the Department of Economic Development, the Department of Employment Services, the Department of Education, and the Department of Human Services. DHS is the lead agency; the Task Force meets monthly, and subcommittees address such issues as job development, education and training, and child care.

ACCOMPLISHMENTS: Sufficient funds have been appropriated from the four departments to allow Ohio to receive its full federal allocation under FSA. The Task Force's interagency nature fosters collective planning of fund use and programs. The Task Force encourages local interagency groups to coordinate programs on a local basis, and will provide technical assistance to these groups. Also, the Task Force is creating an extensive data base on state needs and services provided, to assist parents, providers, and policymakers.

NAME: Migrant and Indian Coalition for Coordinated Child Care
P.O. Box 250
Gladstone, Oregon 97027
Juanita Santana
(503) 656-1770

GOALS/OBJECTIVES: The agency's goal is to provide high-quality child care to migrant and Indian children.

HISTORY: The agency was started 17 years ago by community people who were concerned about young children of migrant workers who were working with their parents in the fields. Forming a network of daycare providers, the group lobbied to secure federal and state funds to provide child care to migrant children.

MEMBERSHIP/STRUCTURE: The agency's Board of Directors represents private industry, the Departments of Health, Education, and Agriculture, and one representative from the four state regions. The agency collaborates with other groups to provide services to children, parents, and providers.

ACCOMPLISHMENTS: The agency's activities include (1) operating state-funded preschools during the winter, when Migrant Head Start programs are not implemented, which allows staff to be employed year-round and provides child care to the community; (2) recruiting and training providers in collaboration with a network of social service agencies; (3) functioning as the primary referral source for all social service agencies; (4) providing CDA training in collaboration with the University of Oregon; (5) investigating the extent and quality of unlicensed care in collaboration with the Department of Human Resources, daycare providers, and the Migrant Health Clinic; (6) performing joint needs assessments with the Departments of Human Resources, Education, and Agriculture; and (7) jointly applying for an Even Start grant with local school districts.



BEST COPY AVAILABLE

NAME: Oregon Children and Youth Services Commission
530 Center Street, N.E.
Suite 300
Salem, Oregon 97310
Vickie Stott
(503)373-1283

GOALS/OBJECTIVES: The Commission (1) administers grants for children's programs; (2) based on local input, develops and recommends state policy on services to children and families; (3) fosters comprehensive planning at local and state levels for services to children 0-18; and (4) encourages local and state coordination of services.

HISTORY: In 1989, as a result of the findings of the 1988 Governor's Children's Agenda, the Commission was formed as a planning and coordination vehicle for children's programs, superceding committees and programs previously established.

MEMBERSHIP/STRUCTURE: The Commission is appointed by the Governor and represents schools, child care, Head Start, health, mental health, the courts, and business. The Commission meets monthly, and subcommittees meet in between. Six regional coordinators assist with local planning and grant applications and serve as liaisons between the Commission and local groups.

ACCOMPLISHMENTS: The Commission has fostered the development of local interagency committees that collaboratively assess and plan for community needs. The Commission provides technical assistance and responds to the findings of these local commissions by recommending state policy. Through its grants, the Commission supports Great Start programs for children up to six. Based on community planning and coordination, local commissions administer Great Start funds to promote child care and child development, promote health and mental health, provide parent education and support, and improve access to services.

NAME: Oregon Prekindergarten Program
Department of Education
700 Pringle Parkway, S.E.
Salem, Oregon 97310
Randy Hitz
(503) 378-5585

GOALS/OBJECTIVES: The collaboration awards grants to local collaborative initiatives to increase services to needy children and to foster state/local collaboration in program planning.

HISTORY: In 1986, the Oregon Department of Education received a federal Technical Assistance Grant to create a State Early Childhood Initiatives Project which assessed early childhood education in the state and identified gaps and deficiencies in services. In 1987, legislation was passed to meet the identified needs, resulting in the creation of the prekindergarten program in 1988.

MEMBERSHIP/STRUCTURE: The program is housed under the auspices of the Department of Education and is collaboratively administered by an Advisory Committee representing mental health, welfare, the public schools, the legislature, the governor's office, community colleges, and Head Start. Members are appointed by the superintendent of schools and the commissioner of community colleges, and meet quarterly.

ACCOMPLISHMENTS: The program has stimulated collaborative local program planning by funding joint initiatives between such agencies as Head Start, the public schools, and social service agencies. The program provides technical assistance to communities in establishing collaborative programs and planning groups. It has stimulated growth in services to children by funding initiatives in areas previously unserved by any early childhood program, awarding expansion grants to existing programs. Local prekindergarten programs encourage parent involvement, meet Head Start performance standards for education and social services, and provide experiences for children that are coordinated and consistent with public school programs.



BEST COPY AVAILABLE

NAME: Delaware Valley Child Care Council
401 North Broad Street, Suite 1818
Philadelphia, Pennsylvania 19108
Letty Thall
(215) 922-7526

GOALS/OBJECTIVES: The Council's goal is to promote the development of a regional child daycare delivery system that ensures accessible quality child care services.

HISTORY: The Council was formed as a result of a United Way-funded report on child care issues in the Delaware Valley, conducted by a 50 member study group representing the Department of Public Welfare, business, child care, county government, and community groups. In 1985, as a result of the recommendations of the study group, the Council was formed with a corporate grant.

MEMBERSHIP/STRUCTURE: Staff of the Council support the initiatives of its working board of directors, whose members represent the Departments of Education and Public Welfare, private industry, child care providers, early childhood and child care professional organizations, higher education, parents, a Hispanic services group, the public schools, labor and community groups, and city and county governments.

ACCOMPLISHMENTS: The Council has developed and implemented a Shared Substitute Program, for which it recruits daycare providers and sends them as needed to area centers and homes. This program has created a pool of qualified applicants from which child care programs can hire new employees. The Council offers technical assistance to daycare providers, community groups, and schools starting school-age child care programs and has developed a report for Philadelphia-area home providers explaining zoning laws and how to comply with them. The Council successfully advocated for Title XX subsidy increases of $3.7 million, and has written a Cost-Sharing Plan and a Child Care Professional Wage Policy Brochure that describe how parents, the private sector, and the government can share daycare costs while enhancing provider benefits. The Council has also produced a 6-volume child care needs assessment.

NAME: Farrell Area School District Child Care Early Intervention Program
Roemer Boulevard
Farrell, Pennsylvania 16121
Sandy Joseph
(412) 346-6585

GOALS/OBJECTIVES: The program's broad goal is to enhance the quality of services to young children. Long-term goals include (1) developing an intergenerational component to the program; (2) linking more frequently with the business community; and (3) acquiring additional space for an early childhood center.

HISTORY: The program began 15 years ago as a means to share resources in order to provide comprehensive services to youngsters. Over the years, the structure of the collaborative relationships has responded to the changing needs of the community.

MEMBERSHIP/STRUCTURE: Originally established as a preschool council, collaborative relationships have broadened to include collaborative preschool screening with area daycare providers, subcontracts to center-based daycare providers to care for children referred by the program, a network of family daycare homes affiliated with the program, a joint teen parent program and a center-based infant-toddler program with another school district, a consortium of child care agencies, and the designation of the school district as the Single Point of Contact for Department of Public Assistance clients.

ACCOMPLISHMENTS: Head Start, child care, and special needs services are fully integrated. Teachers receive joint training and are compensated equitably. R&R is provided to parents with both referral and placement services offered. Transitions are planned between programs, and team teaching with special education teachers accommodates the needs of handicapped youngsters in mainstream settings. Parents participate in Head Start parenting education; all participants are on a common data base; programs are guided by common regulations, share resources, jointly purchase materials, plan programs collaboratively, and share a common curriculum.


BEST COPY AVAILABLE

NAME: Governor's Advisory Council on Young Children
Office of Child Care
Room 506
Finance Building
Harrisburg, Pennsylvania 17120
Beth Beh
(717) 787-8595

GOALS/OBJECTIVES: The Council was established to recommend a comprehensive agenda of children's policies (ages birth through six) to the Governor.

HISTORY: Established by Executive Order in September 1989, the Council builds upon the Governor's Child Care Initiative, which (1) created child care models for government employees, (2) involved schools in child care, (3) coordinated the cabinet agencies to advise on child care, and (4) created an Advisory Council.

MEMBERSHIP/STRUCTURE: The Governor is Chairperson. The Governor's Advisor on Child Care Policy is Vice-Chairperson. Staff complement: Chief Staff (visiting professor from Penn State) and policy analysts from Governor's Policy Council. Membership represents labor, business, government, higher education, child care, advocates, Head Start, schools, and parents. Members meet every two months and communicate informally between meetings.

ACCOMPLISHMENTS: The Council's accomplishments include the following: (1) facilitated community assessments of conditions for children and (2) completed first draft of policy report for Governor, Community for Families, Families for Children: Directions for Holistic Policy in Pennsylvania. The report will be further revised and presented to the Governor and General Assembly in fall, 1990.

NAME: Pennsylvania Association for the Education of Young Children
1060 Morewood Aveneue
Pittsburgh, Pennsylvania 15213
Marsha Poster
(412) 687-6394

GOALS/OBJECTIVES: The group's goal is to serve as a conduit for information about early childhood education and related services for young children, and to advocate on children's issues with other early childhood groups.

HISTORY: The group was established seven years ago as an affiliate of the National Association for the Education of Young Children.

MEMBERSHIP/STRUCTURE: The group meets four times yearly, convened by its President. A Board of Directors made up of the AEYC's membership meets before or after each full meeting and maintains frequent phone contact.

ACCOMPLISHMENTS: The group's activities include (1) statewide dissemination of a newsletter listing early childhood job openings and training opportunities; (2) representation on the Governor's Advisory Council on Young Children and creation of a state Task Force on Child Care in the Public Schools; (3) creation of "Questions to the Candidates" on child care issues, given to candidates for the state legislature (their answers will be disseminated to the public); (4) with the Department of Education, development of an early childhood accreditation policy, with recommendations to the legislature; (5) publication of a brochure on child care costs and provider wages with the Delaware Valley Child Care Council; and (6) testimony against new Department of Public Welfare licensing regulations, resulting in revisions by the Department with input from the AEYC.

NAME: Pennsylvania Association of Child Care Agencies
100 East Pomfret Street
Carlisle, Pennsylvania 17013
Joan L. Benso
(717) 249-1882

GOALS/OBJECTIVES: The agency works with other human service groups to lobby for the rights of early childhood educators and to effect positive change in the child care delivery system.

HISTORY: The agency began informally in 1971, involving nonprofit providers of subsidized daycare who were concerned about systemic problems in the delivery of subsidized care. Over the years, the agency developed a more formal structure and expanded its membership and its goals.

MEMBERSHIP/STRUCTURE: Members represent for-profit and nonprofit daycare, public schools, universities, and county government. An elected Board of Directors meets monthly, and full membership meetings are held quarterly. Between meetings, a monthly newsletter circulates, and regional meetings are held. The agency employs a full-time Executive Director.

ACCOMPLISHMENTS: The agency has assisted in revising daycare center requirements and is participating in revising eligibilty standards for subsidized daycare. When insurance companies dropped daycare because of increased liability costs, the agency met with leaders in the insurance field and successfully developed insurance plans for their members. The agency offers provider recruitment and training, and writes and distributes informational brochures for parents. Agency members frequently testify before the legislature, invite legislators to speak at their programs, and hold quarterly legislative breakfasts.

NAME: Integrated Group Project
Rhode Island College
Department of Special Education
600 Mount Pleasant Avenue
Providence, Rhode Island 02908
Thomas Kochanek
(401) 456-8599

GOALS/OBJECTIVES: The project is a demonstration effort of Rhode Island's Interagency Coordinating Council, and seeks to create new service options for infants and toddlers with special needs and to support collaboration between providers of early intervention, families, and community-based daycare settings.

HISTORY: The ICC established task forces and piloted policies and programs in order to make recommendations to the legislature regarding implementation of P.L. 99-457, Part H. The Integrated Group Program was developed and piloted to create new integrated service options for children and their families enrolled in early intervention programs.

MEMBERSHIP/STRUCTURE: The program serves children and families in two regions within the state and is affiliated with 24-30 daycare facilities and family daycare homes. Each site is advised by a Policy Committee which includes parents. Daycare staff are provided training and consultation by early intervention specialists.

ACCOMPLISHMENTS: As a result of the collaboration, children are placed more effectively, and training is being provided to child care workers. A statewide effort raises parents' and providers' awareness of the program. Quality of child care programs is enhanced by (1) the development of individualized training and consultation plans; (2) providing home-based services in addition to center-based services; and (3) a collaborative process between early intervention, families, and daycare providers in development and monitoring of Individual Family Service Plans (IFSP). The ICC is supporting a policy development process for implementing this program on a statewide basis.

NAME: Public Policy Coalition for Rhode Island Children
St. Vincent's Center
485 Mt. Pleasant Avenue
Providence, Rhode Island 02908
Alexandra Moser
(401) 274-3094

GOALS/OBJECTIVES: The Coalition's objectives are to advocate on child care issues on the state level and to increase community awareness, thereby creating broad-based support for child care issues.

HISTORY: The collaboration grew out of discussions between the President of the Rhode Island Association for the Education of Young Children and the Chair of the Rhode Island Daycare Directors Association about the need for change in early care and education in the state. The goals and objectives were set in 1985, when several nonprofit organizations including child care groups, Head Start, the schools, and social service agencies, joined together.

MEMBERSHIP/STRUCTURE: All members are volunteers pledged to serve a two-year term. Monthly meetings are held and a very strong support system is used on a daily basis through phone contact. A committee structure is used for such purposes as developing legislation.

ACCOMPLISHMENTS: As a result of the Coalition: (1) AFDC families now have the option of both low-income sliding scale and 4A disregard of welfare; (2) 1989 legislation has established a permanent commission on child care; (3) legislation has been passed providing state funds to schools to transport children to daycare; (4) income eligibility guidelines have been raised from 165% to 185% of the poverty line; and (5) legislation has been passed to allow up to $30,000 in tax credits for employers who provide on-site child care.

NAME: Child Care and Educational Services for 4-Year-Olds
Texas Education Agency, 1701 N. Congress Ave.
Austin, Texas 78701-1494
Amie Beckett
(512) 463-9556

GOALS/OBJECTIVES: A state interagency working group's objective is to develop a system of child care delivery addressing problems of quality and coordination.

HISTORY: Major provisions of state legislation passed in 1987 included coordination of the state-funded prekindergarten program with Title XX child care and federally funded Head Start programs. A working group, established in 1988 to comply with the mandate, presented its report to the Texas legislature in March 1989.

MEMBERSHIP/STRUCTURE: The working group was composed of representatives of the Texas Education Agency, the Department of Human Services, Child Care Dallas (a Title XX grantee), Head Start, and higher education. Meetings were called as needed; between meetings, participants communicate informally.

ACCOMPLISHMENTS: The group conducted a study of the guidelines and regulations of Head Start, subsidized child care, and prekindergarten programs and published Child Care and Educational Services for 4-Year-Old Texas Children: Guidelines for Coordination, which describes several models of integrated services for young children. The report has been disseminated throughout the state and is serving as a catalyst for integrated program development. Programs have been established to pilot various collaborative approaches and are provided technical assistance by working group members. The Guidelines suggest that the most rigorous standards used in Title XX, Head Start, or state-funded programs apply to the pilot programs. Thus, (1) strict requirements are established in the areas of curriculum, comprehensive services, parent involvement, and child/teacher ratios; and (2) the most rigorous preschool teacher requirements are adopted, and teachers are compensated at the highest rate and receive coordinated training.

NAME: Daycare Association of Fort Worth and Tarrant Counties
P.O. Box 7935
Fort Worth, Texas 76111
John Widner
(817) 831-0374

GOALS/OBJECTIVES: The agency's objectives are to provide child care services and increase the supply of child care services to families of all income levels.

HISTORY: The agency was established in 1968, as a result of a state study which determined that the three child care agencies in the Fort Worth area could work together to deliver services more effectively and with lower costs. Since that time, the agency has grown to serve approximately 2,500 children by administering centers, family daycare homes, and a broker system, including Head Start, corporate, and Title XX subsidized programs.

MEMBERSHIP/STRUCTURE: The agency is advised by a Board of Directors representative of the public service community, and interagency advisory councils that address specific programs, such as the agency's Comprehensive Child Development Program and Welfare Reform Program.

ACCOMPLISHMENTS: The agency has increased the availability of child care services in several ways. (1) It has been chosen as one of four Child Care Management Agencies in the state. As such, it coordinates community resources, determines eligibility, provides centralized information, places children, and funds and monitors all child care programs supported by Welfare Reform, Title XX, or federal monies. (2) It is one of 22 agencies in the state chosen to administer a Comprehensive Child Development Program, offering comprehensive services to families with a child under one year old or in utero. (3) The agency has opened and administers new daycare centers in collaboration with churches, corporations, and a low-income housing development authority.

NAME: Hogg Foundation for Mental Health
University of Texas
Austin, Texas 78713
Louise Iscoe
(512) 471-5041

GOALS/OBJECTIVES: The group's objective is to promote mental health among the people of Texas.

HISTORY: The agency was established in 1940 by funds bequeathed by Will Hogg to the University of Texas for improvement of the lives of the people of Texas. His sister, Ima Hogg, defined mental health as the field for action, and in 1964, created the Ima Hogg Foundation solely to serve Houston residents. Concern about child care issues has arisen recently because of the impact on family mental health when child care is not affordable or accessible, especially for special needs children.

MEMBERSHIP/STRUCTURE: The Foundation is an endowment within the University of Texas and the University's Board of Regents serves as Board of Directors. The agency is served by an executive committee, representing agency staff and university faculty; and by a National Advisory Council, of health experts. A Faculty Advisory Committee provides technical assistance and consultation to the programs funded by the agency. Commissions address community care of the mentally ill, the mental health of adolescents and young adults, and the mental health of children and their families.

ACCOMPLISHMENTS: The agency (1) conducts outreach to other foundations, agencies, and individuals to foster joint seminars and conferences and cooperative funding of large-scale projects; (2) has fostered the development of a Schools of the Future Program involving preschool, elementary, and secondary education by encouraging interagency collaboration between school and city officials; (3) funds and provides technical assistance to programs in Texas addressing the needs of young children and their families; and (4) encourages collaboration through public newsletters and publications, including reports on the status of child care in the state and how-to manual for developing collaborations.

NAME: Southerland School
1965 Southerland Street
Beaumont, Texas 77705
Gloria Harrison/Claire Collier
(409) 832-6847

GOALS/OBJECTIVES: The program serving four-year-old children from low-income families strives to develop competence to deal with the present environment and later responsiblities in school and life, and encourage family self-sufficiency. Objectives are based on the Head Start Performance Standards: to enhance thinking skills, language development, and self-esteem and to improve health and physical abilities using developmentally appropriate practices.

HISTORY: The program began in the 1986-87 school year. The Beaumont School District applied for funding for a prekindergarten program coordinated with Head Start, which had been in existence since 1965 in the school system.

MEMBERSHIP/STRUCTURE: The Head Start program is sponsored by B.I.S.D. Board of Trustees, advised by a Head Start Policy Council and Health Advisory Committee; the director is supervised by the school district's Assistant Superintendent for Special Programs and attends school principal meetings with the prekindergarten coordinator. The prekindergarten coordinator spends half time at the Head Start program to assist in staff review and curriculum development. The school district donates space, utilities, and transportation to the program.

ACCOMPLISHMENTS: The integrated program features shared funds, staff training, and a common curriculum. All staff receive comparable salaries and benefits; school day hours are scheduled. The program's children are on the school data base, allowing easier transitions to kindergarten and common access to participant information. The program has been cited as a model program by the Texas Education Agency.

NAME: Council on Child Day Care and Early Childhood Programs
Washington Building, Suite 1116
1100 Bank Street
Richmond, Virginia 23219
Linda Sawyers
(804) 371-8603

GOALS/OBJECTIVES: The Council was established to (1) promote quality early childhood programs for at-risk children; (2) increase affordability and access across the state; and (3) foster public-private sector collaboration. The Council is also responsible for the development of a biennial state plan for child care and early education.

HISTORY: Several state levels and legislative study committees recommended the formation of the Council, which was formally endorsed and mandated by state legislation in 1989.

MEMBERSHIP/STRUCTURE: The Council's members are appointed by the Governor and represent parents, the business sector, child care, and Head Start. Staff support the Council's initiatives, and the Council meets quarterly.

ACCOMPLISHMENTS: The Council has garnered $1 million in state funds to support a series of demonstration and planning projects statewide to increase availability and service delivery. Demonstration projects must involve parents and indicate local collaboration and coordination of services; planning grants are for communities with limited child care to do a local needs and resources assessment and develop a local child care plan.

NAME: Fairfax County Office for Children
3701 Pender Drive
Fairfax, Virginia 22030
Judith Rosen
(703) 218-3803

GOALS/OBJECTIVES: The agency's goal is to support, promote, and provide quality child care services.

HISTORY: The agency began in 1976 as a result of a year-long study by citizen groups with an interest in child care who were concerned about issues of accessibility, affordability, and quality. As a result of their advocacy with the County Board of Supervisors, a 15-member group made up of county government staff, child care providers, and advocates was appointed to do a countywide needs assessment and make recommendations. They recommended a total reorganization of the structure of child care delivery in the county, resulting in the Office for Children.

MEMBERSHIP/STRUCTURE: The agency's five divisions address School Age Child Care, Family and Early Childhood Education, Permits and Regulation, Community Education, and Administration. The agency is advised by a Child Care Advisory Council appointed by the Board of Supervisors and by the Employer Child Care Council, a group of corporate leaders appointed by the Board of Supervisors.

ACCOMPLISHMENTS: The agency serves children through its School Age Child Care Program, Head Start, a Head Start Parent and Child Center for pregnant women and families with children under 3, and child care subsidies for children of all ages whose parents work. Thus, a continuum of child care programs for children of all ages is made available through a single delivery system. Additionally, the agency increases the availabilty of child care through (1) operating a center for Fairfax County employees, used for respite care for special needs children on weekends; (2) recruiting, issuing permits, and monitoring family daycare homes; and (3) increasing employer-supported child care through consultation and technical assistance. The agency successfully advocated for state legislation requiring uniform center standards and offers training center and home-based providers.

NAME: Early Education Initiative
Department of Education
Montpelier, Vermont 05602-2703
Alexandra Appel
(802) 828-3111

GOALS/OBJECTIVES: The program's goal is to offer quality, developmentally appropriate preschool opportunities to Vermont's disadvantaged young children and their families by means of local need assessments, collaboration, and coordination of services.

HISTORY: The program was created by legislative mandate in 1987 as a result of the concern of educators and others that there were insufficient existing early childhood programs to meet the needs of all the state's young, at-risk children.

MEMBERSHIP/STRUCTURE: At the state level, there is formal and informal collaboration with the Department's Essential Early Education (for handicapped children) and Early Compensatory Education programs, Head Start, universities and colleges, children's advocates, and the Department of Social and Rehabilitative Services.

ACCOMPLISHMENTS: An interagency review team reviews grant applications and recommends funding to local programs serving young at-risk children who previously were not served by any other early childhood education program. Local programs are advised by local interagency councils and conduct community needs assessments, allowing provision of coordinated, comprehensive services to children. As a result of the program, the number of young at-risk children served increased by 11%, and 180 towns now serve at least 60% of all eligible children. At the state level, coordination of services is supported by joint needs assessments and program planning with Head Start and the Department of Social and Rehabilitative Services.

NAME: Early Childhood Education and Assistance Program
Department of Community Development
9th and Columbia Building
MS/GH-51
Olympia, Washington 98504
Mary Frost
(206) 753-4106

GOALS/OBJECTIVES: The program's objectives are to (1) build a child-focused program that includes the entire family and addresses empowerment for parents, service providers, and local communities; and (2) encourage collaboration in delivering services.

HISTORY: In 1985, the program was started by state legislation growing out of the Governor's Agenda for Education. The program is the cornerstone of the state's educational efforts and has bipartisan support.

MEMBERSHIP/STRUCTURE: The program is administered by the Department of Community Development, whose Director is appointed by the Governor, and the staff supports the initiatives of an interagency advisory committee representing children's advocates, higher education, public schools, and Head Start. Subcommittees address particular issues. Additionally, the staff collaborates with the Business Roundtable, a CEO group.

ACCOMPLISHMENTS: Local programs are administered by a variety of agencies, including community colleges, child care agencies, Head Start, schools, social service agencies, and county and city governments. All programs provide comprehensive services through collaboration with other agencies, such as coordinating transportation, sharing staff training, planning transitions to kindergarten, conducting collaborative needs assessments, and participating in collaborative community planning. At the state level, the program cosponsors training conferences with the Washington AEYC and advocacy groups, and participates in a collaborative effort to revise child care regulations to create comparability among Head Start, special education, and child care services.

NAME: Therapeutic Child Care
Department of Social and Health Services
Division of Child and Family Services
Olympia, Washington 98504
Ruth Morris
(206) 586-1007

GOALS/OBJECTIVES: Therapeutic Child Care is child development and family services provided in a child care setting to families at risk for child maltreatment. Families are referred by state social workers in Child Protective Services (CPS) or Child Welfare Services within the Department of Social and Health Services.

HISTORY: The program began in 1976 as a demonstration project and expanded statewide in 1983. CPS social workers and child care providers were concerned about the lack of resources that were available to families with multiple problems.

MEMBERSHIP/STRUCTURE: At the state level, program staff collaborate with other divisions and agencies, whose clients often use the program, on program development and planning. Staff also participate on the state Child Care Coordinating Committee to make recommendations to the legislature on early childhood programs. Locally, programs collaborate with the Early Childhood Education and Assistance Program and Head Start by sharing space, training, and consultant services.

ACCOMPLISHMENTS: The program has fostered local and statewide collaboration between programs serving young children. Therapeutic Child Care providers have formed a statewide Providers Association that lobbies the legislature on issues of concern. Recently, the Association successfully lobbied for an additional $1.4 million for the Therapeutic Child Care Program for expansion of services to rural communities. The program offers transportation to children, parenting education and support groups, specialized training for providers, low child/teacher ratios, and transitions to public school and other preschool programs.

NAME: Early Developmental Awareness Project
Donges Bay Elementary School
2401 West Donges Bay Road
Mequon, Wisconsin 53092
Leesa Maxwell
(414) 242-4260

GOALS/OBJECTIVES: The Project seeks to conduct and facilitate appropriate developmental screening of young children; provide screening training to preschool staff; identify community resources that provide child development information and services to parents of young children; facilitate cooperative efforts between resource agencies and people; and provide and coordinate developmental information services.

HISTORY: The Project was established in 1986 by the school district to increase the number of appropriate early referrals of children for special education services.

MEMBERSHIP/STRUCTURE: Staff of the program network with preschool staff, schools, parents, and community groups to foster appropriate referrals of children and coordination of community resources.

ACCOMPLISHMENTS: For parents, the program has provided information services in collaboration with public health nurses, the Ozaukee County Extension Home Economist, Milwaukee Area Technical College, and Family Services of Mequon-Thiensville; displayed informational posters at daycare centers and schools; initiated a newsletter; provided referrals and follow-up to needed services; organized parent education and support groups; and published a listing of daycare-preschool services. The program has increased the number of appropriate, early referrals of children for special education services by increasing communication between pediatricians, daycare providers, and parents, developing a training module for providers on detection and screening of developmental delays, discussion of developmental delays with parents, and referral of children to Child Find. This training qualifies for Department of Public Instruction continuing education units and for daycare licensing in-service credits. It will be disseminated statewide.

NAME: Family and Child Services
1201 Main Street
P.O. Box 44
Oconto, Wisconsin 54153
Lauretta Willette
(414) 834-2877

GOALS/OBJECTIVES: The agency serves low-income preschool children and their families by providing opportunities to develop family self-sufficiency.

HISTORY: A Head Start grantee since 1965, the agency became involved in collaborative relationships starting in 1980, when it established an interagency agreement with the school district to serve handicapped preschool children.

MEMBERSHIP/STRUCTURE: The agency has developed collaborative relationships with schools, universities, health, and social service organizations. Interagency meetings are held to oversee collaborative programs.

ACCOMPLISHMENTS: Through collaboration, the agency provides comprehensive services to children in the areas of health, speech and language therapy, and cultural activities. Parents receive training through the county extension service and health and family planning assistance through a local Family Planning Clinic. Staff receives cross-agency training. THe agency participates in joint community needs assessments with the county extension service, and provides technical assistance and training to child care programs in the area. In addition, the agency has just entered into a collaborative effort with an area college to participate in the establishment of an intergenerational facility on campus. The agency's program will be housed in a college building and will provide Head Start, daycare, and adult daycare. This new program will link senior adults to Head Start children, place student teachers in the classroom, and share adult and staff training.

NAME: Preschool Handicapped Services
Department of Education
Hathaway Building
Cheyenne, Wyoming 82002
Patricia Robinson
(307) 777-6236

GOALS/OBJECTIVES: The program provides comprehensive, high quality services to handicapped children aged three to five.

HISTORY: Since 1975, Wyoming has provided preschool services to children using Chapter I funds primarily through private, nonprofit agencies. In 1979, in response to federal legislation, Wyoming charged its preschools with providing services to handicapped children. Parents and providers lobbied the legislature to continue service delivery through the private, nonprofit system rather than through the public schools; consequently, the state set up conditions allowing federal funds to flow through the Department of Education to the Department of Health and Social Services to serve handicapped youngsters through a regional developmental preschool system statewide.

MEMBERSHIP/STRUCTURE:
Charged by the legislature with developing an interagency agreement, the Departments agreed that Health and Social Services would provide services; report to the DOE data on children, services, personnel, and fund use; and monitor preschools to ensure compliance. DOE would monitor the Department's compliance; visit preschools every three years; complete mandated state and federal reports; and ensure that school districts screen and identify handicapped children. An interagency team meets monthly.

ACCOMPLISHMENTS: The Departments have collaboratively written standards for service delivery and for teacher qualifications. Local programs offer comprehensive services, plan transitions to kindergarten, and provide parent involvement opportunities. The Department of Health and Social Services conducts a yearly needs assessment, which it shares with DOE to foster collaborative funding and program planning.